MISSOURI HIGH SCHOOL BASEBALL COACHES ASSOCIATION
2026-2027 SCHOLARSHIP APPLICATION

Save this form with your first and last name as the title
and return it to harmonbp@gmail.com by the December 1 Deadline

Name of Applicant _____

High School _____ Date of Birth ____ / ____ / _____

Applicant Phone Number _____ Applicant Email _____

High School Baseball Coach's First and Last Name_____

MHSBCA Member: YES NO

Name of Parent(s)/Guardians(s) _____

Permanent Address of Parent(s)/Guardian(s) _____
(Street, Route, or PO Box)

_____
(City, State, Zip Code)

Parent(s)/Guardian(s) Phone Number _____

Father's Occupation and Employer _____

Mother's Occupation and Employer _____

Number of Brothers/Sisters in Your Family _____

Number of Dependent Family Members Attending College Full Time _____

Number of Seniors in Graduating Class _____ Class Rank ____ GPA _____ ACT Score _____

Date of Scholarship Application _____ / _____ / _____

Counselor's Name _____ Phone _____

Students applying for the MHSBCA Scholarship must complete this form and send an official transcript. Students will not be considered for a scholarship if the application and other required documentation are not complete.

DEADLINE FOR SUBMITTING APPLICATION IS DECEMBER 1

STUDENT QUESTIONNAIRE

What college or post-secondary institution do you plan to attend? _____

Where is it located? _____

Have you been accepted for admission? _____

Date you expect to start _____ Have you visited the college of your choice? _____

Do you plan to commute from home? _____ Do you plan to live in a dormitory? _____

What major are you pursuing? _____

Have you visited any other colleges? (If yes, please list) _____

_____

Have you received any other scholarships at this point? If so, please list the scholarships and the dollar amounts._____

_____

What financial planning have you made in meeting the anticipated expenses of attending college? _____

Save this form with your name as the title and email it with a copy of your transcript to harmonbp@gmail.com by the December 1 deadline.

STUDENT INFORMATION

In the space provided below, please describe in your own words why you want to be a recipient of the MHSBCA Scholarship. Describe the course of study or major field of interest you plan to follow, your proposed occupation or profession, and why you chose that profession. List any other special circumstances that would be helpful in the selection process that were not previously mentioned in this form. (Please limit your response to this page only).

EXTRA-CURRICULAR ACTIVITIES

List below the school clubs and organizations that you have been a member of during high school. List any office that you have held. (i.e., FBLA, DECA, NHS, Band, etc.)

CLUB/ORGANIZATION	NUMBER OF YEARS	OFFICE HELD or OTHER RECOGNITION

List below the sports you have been involved in and how many years.

SPORT	NUMBER OF YEARS	SPECIAL HONORS

MHSBCA SCHOLARSHIP
RECOMMENDATION FORM #1

(Note to the person submitting the recommendation): Please give a brief statement as to your relationship with this applicant and your belief as to why he or she deserves this scholarship.

Name _____ Date _____

MHSBCA SCHOLARSHIP
RECOMMENDATION FORM #2

(Note to the person submitting the recommendation): Please give a brief statement as to your relationship with this applicant and your belief as to why he or she deserves this scholarship.

Name _____ Date _____

MHSBCA SCHOLARSHIP
RECOMMENDATION FORM #3

(Note to the person submitting the recommendation): Please give a brief statement as to your relationship with this applicant and your belief as to why he or she deserves this scholarship.

Name _____ Date _____