USA Softball of Oregon Inc

Applicant must be a 2020 High School Graduate



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2020 Bob Rapp Memorial Scholarship Application

		of Oregon		
	Scholarships Kelly, Chairperson Tranquil Ln., Newberg, OR 971: 3691		Two (2) \$1,000 Two (2) \$500 August 1, 2020	
Applicant Full Na	me:		Age:	
Address:				
City:	State:	Zip	Zip Code:	
Phone: (Area Code) Number	E-mail:		
Name of High Scl	nool You Graduated From:		GPA	
Did you participat	e in High School Softball?			
Other school spor A copy of your Hig Application submis	h School Transcript and Collec	e Verification is required with your B	ob Rapp Scholarship	
Name of College:		City:	State:	
Major (If Known):				
	Played USA Softball? (3) USA Softball teams you p Year	All Years in Oregon?: layed on beginning with the Name of Team	Other State: Coach	
1				
2.				
3				
	eference letters that describe ay entitled "How Did USA S	e "You the person – You the play oftball Impact My Life"	er"	
List other school	organizations or clubs you ar	e a member of and their purpose.		
1				
2				
3				
List any communi	ty or volunteer experiences.			
1				
2				
3				
How did you learr	about the Bob Rapp Memo	rial Scholarship?		

Remember along with this application you must include the following:

A copy of your High School Transcript

College Verification

3 Letters of reference describing you the person and you the player

A brief essay entitled "How Did USA Softball Impact My Life"

Please note: Any Bob Rapp Scholarship application that does not include the above, will not be eligible for consideration.