

Garfield Heights Baseball League - Jim Harris Memorial Scholarship Application

1). Applicant Must be son or daughter that currently lives in **Garfield Heights**.

Candidates Name: _____

Address: _____

Phone Number: _____

2). Candidate must have played at least two (2) years with a GHBL team.

Please list years and teams played on, including team managers names, (if you can remember)

3). Present High School: _____ 4). Graduation Year: _____

5). College or University your planning to attend: _____

6). Candidates Signature: _____

7). Parent / Guardian Signature: _____

Community Service / Extracurricular Activities:

Academic Honors Received (National Merit Scholar, National Honor Society, etc):

Please include with your application a sealed copy of student transcripts and a letter of recommendation from a Principal, Athletic Director, Counselor, Coach or Manager.

Routing Number (For GHBL Use Only): _____