

CONTINENTAL AMATEUR BASEBALL ASSOCIATION
MIKE MAUNDRELL MEMORIAL SCHOLARSHIP APPLICATION

Full Name _____

High School Attended _____ Year Graduated _____

College/University Attending Fall 2014 _____

Major Field Of Study _____

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email _____

Parent Email _____

Accumulative Grade Point Average _____ SAT/ACT Score _____

Note: A copy of your High School transcript will be required upon submission of this form.

Other Scholarships Received Or Will Receive _____

Did you participate in a CABA sanctioned league, qualifying tournament or World Series? If so, where?

Community/Missions/Church Service _____

Beyond Scholarships and other financial assistance obtained, will you have need for additional financial assistance to attend college? If so, list circumstances making this necessary.

Use additional paper as necessary to answer each question fully.