



**JOHN LUTINSKI SCHOLARSHIP
APPLICATION
2014
THE AMERICAN LEGION BASEBALL PROGRAM
Department of Massachusetts**

1. The Department of Massachusetts Athletic Committee will award annually a \$1,000.00 scholarship to be used toward the expenses of the education of a participant of the American Legion Baseball Program.
2. Applications shall be filed on or before July 15, 2014 with:
The American Legion, Dept of MA
State House RM 546-2
Boston MA 02133.
3. The scholarship shall be for boys who have graduated from high school in the year 2014 and will be entering their freshman year of college. The scholarship will be presented at the Department Baseball Tournament at Feeley Field in Sudbury, MA.
4. Scholarship payments shall be made directly to the recipient of the scholarship in two equal payments. Payments shall be made at the beginning of each semester and will be withheld if the student fails to remain in good standing. In the event of termination during the school year, payments must be returned to the Department of Massachusetts, American Legion.

APPLICATION

Students Name _____

Address _____

City or Town _____ State _____ Zip _____

Date of Birth _____ Telephone # _____

Fathers Name and Occupation _____

Mother's Name and Occupation _____

List brothers and/or sisters and their ages

Family's Adjusted Gross Income: _____

HIGH SCHOOL RECORD

Note: Please attach a copy of your official High School Transcript. If information is omitted you will be disqualified.

A letter of recommendation from a school official, counselor, or teacher shall accompany this application.

A letter of recommendation from the manager or coach of your American Legion Baseball team is also required.

Name of High School _____ Address _____

Name of School/College you will be attending _____

Please list activities you participated in during high school. Please list awards, honors and recognition received.

What do you plan on pursuing when you enter college? Why?

I certify to the accuracy of the foregoing facts.

SIGNATURE OF STUDENT _____

DATE: _____