



SOFTBALL PLAYERS ASSOCIATION



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S.P.A. SCHOLARSHIP APPLICATION

NAME: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

HIGH SCHOOL & CITY: _____

HIGH SCHOOL ACTIVITIES, HONORS & AWARDS: _____

WORKPLACE JOBS DURING HIGH SCHOOL: _____

ANY OTHER SCHOLARSHIPS RECEIVED? _____ IF YES, PLEASE LIST:

CURRENT GPA: _____

HOBBIES: _____

COLLEGE PREFERENCE(S): _____

PREFERRED MAJOR: _____

EDUCATIONAL GOALS (example: Associate Degree, or BA): _____

HOW WOULD A \$500 SCHOLARSHIP HELP YOU? _____

PLEASE ATTACH A SHEET TELLING US OF YOUR FUTURE PLANS, HOW YOU HOPE TO USE YOUR DEGREE, ETC.

PARENT, GUARDIAN, OR OTHER CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

If approved, the Scholarship check will be submitted to your college Financial Aid Department in your name.

*Please mail this form to the P.O. Box listed above, Attention: Ridge Hooks
Or email to: ridgeh@softballspa.net*

“TO GOD BE THE GLORY”