

*The Craig J. Geiger Memorial 2021
Baseball Scholarship (\$1,000)*



To be eligible for this scholarship, the senior applicant must meet the following requirements:

1. Applicant must have been a member of a high school baseball team for 3 years with his senior season having been played with Whitehall High School.
2. Applicant must be pursuing a degree or certificate in higher education at a university, college, or technical institute.
3. Applicant must submit an essay on “How Baseball Has Impacted My Life.”
4. Applicant must also include a letter of recommendation from a teacher, club advisor, or professional individual detailing the applicant’s exemplary merit (please note that family members and current WHS baseball coaching staff members are excluded).
5. Voting breakdown: 50% Baseball Statistics, Coaches Recommendation, Desire to continue playing baseball at the next level; 35% Academic Merit; 15% Extracurricular Activities and Leadership.
6. Please contact Mr. Cory J. Chryst with additional questions or concerns.

ALL ITEMS MUST BE SUBMITTED TO:

**THE CRAIG J. GEIGER MEMORIAL BASEBALL SCHOLARSHIP
c/o CORY J. CHRYST
305 HIGH STREET
CATASAUQUA, PA 18032**

**610-392-6361
chrystc@nwlehighsd.org**

POSTMARKED DATE - FRIDAY, APRIL 23, 2021

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APPLICATION FORM

Scholarship Information:

The Craig J. Geiger Memorial Baseball Scholarship is a one (1) year non-renewing \$1,000.00 scholarship. School or district administrators will deliver scholarship during the senior awards assembly. Please direct any questions or concerns to Cory J. Chryst, chrystc@nwlehighsd.org or 610-392-6361.

A Successfully Completed Application consists of:

- ◇ This fully completed and signed application
- ◇ Your essay on “How Baseball Has Impacted My Life”
- ◇ Letter of recommendation from a teacher, club advisor, or professional individual detailing exemplary merit

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|--|----------------------|------------------------------|-------------------------------|
| Last Name (Please print) | First Name | Middle Initial | Social Security Number |
| Full Name | | | |
| Number/Street | City | State | Zip |
| Permanent Address | | | |
| Email Address | | | |
| Home Phone | Date of Birth | Expected Final HS GPA | |
| List all extracurricular activities in high school (please include school and community activities and honors). | | | |
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| Work Experience (please include present and previous employment). | | | |
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List the schools you are considering attending in the fall, your application status of each one, and if you've been accepted.

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Certification:

I affirm that the information which I have provided on this application form, and any additional material that I and/or the Whitehall High School Guidance Department may submit, is related to being placed into consideration for this scholarship, is complete, accurate and true to the best of my knowledge. I hereby authorize the Craig J. Geiger Memorial Golf Tournament Committee and the Whitehall High School Guidance Department to release the information provided by me to members of the selection committee for the purpose of consideration and the revocation of any award. If selected for the scholarship I hereby grant the golf committee the right to use my name and/or image in press releases, the tournament website, and/or anything else directly related to the scholarship and/or scholarship fund.

Applicant's Signature

Date

Parent's/Guardian's Signature

Date

To be completed by the WHS Guidance Department

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|--|--|---|---|
| <p>Student's demonstrated scholastic cumulative Grade Point Average (GPA) on a 4.0 scale (un-weighted):</p> <hr/> <p>** Please include a copy of the applicant's unofficial transcript **</p> | <p>Is this student meeting all WHS graduation requirements?</p> <p>Yes or No (please circle one)</p> | <p>Was this student ever suspended from school their senior year at WHS? Reason? _____</p> <hr/> <p>Yes or No (please circle one)</p> | <p>Is this student on track to graduate at the end of the current school year?</p> <p>Yes or No (please circle one)</p> |
|--|--|---|---|

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Guidance Department Representative Signature

Date

FOR OFFICIAL USE ONLY

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|-----------------------|-----------------------|---|
| Postmark Date: | Date Received: | Committee Representative Initials: |
|-----------------------|-----------------------|---|