

**MINNESOTA GOPHER STATE HORSESHOE PITCHERS' ASSOCIATION
GUIDELINES**

APPLICATION FORM FOR MGSHPA SCHOLARSHIP

I hereby apply for the MGSHPA post high school scholarship.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NHPA/MGSHPA Card No. _____

Statement of need: _____

Last grade completed: _____ Grade point average: _____

Intended course of study: _____

Previous education (List Certificates or Degrees received) _____

To the best of my knowledge the above information is true and accurate, and intended to give the selection committee the necessary information to grant the scholarship to the most worthy applicant. I understand that falsification or omission of information will disqualify me for this scholarship and future scholarships offered by the MGSHPA.

Applicant's Signature _____

Parents Names _____

Date _____ (Deadline June 15th)