## William A. Dietrich Memorial Scholarship Application USBA Services, Inc.

Type or print in ink.

Name	**IMPORTANT**
	Application will not be processed without the completion of all of the following information:
Present Address	<b>CAREER OBJECTIVES:</b> Provide a personally prepared, typed essay outlining your future career objectives. (Maximum 250 words)
Alternate Mailing Address	<b>SELF-DESCRIPTION:</b> Describe yourself as an individual and identify any significant accomplishments. Include information about your extracurric-
Phone Number	ular and community activities, hobbies and primary interests, volunteer work, paid employment or work-study programs. (Maximum 250 words)
High School Attended	<b>TRANSCRIPT:</b> Attach high school transcript and copy of official SAT or ACT score report (if not already listed in official school transcript), and letter of acceptance as a full-time student by a college/university in the United States or District of Columbia.
Date graduated or anticipated graduation	<b>LETTER OF RECOMMENDATION:</b> Attach letter from high school principal or guidance counselor.
Ranking in class	HONORS & ACTIVITIES: For each grade (9-12), indicate with an "X" your principal activities/accomplishments, including offices, leadership positions, awards, or special recognition.
Grade Point Average	GRADE: 9 10 11 12 OFFICE IN:
Email Address	School Government
Name of College/University where you were accepted and will attend	Other
Address of College/University	AWARD FOR:
Date semester begins	Science, Math
Field of study	Speech, Debate
Degree you will receive	
Expected date of receiving degree h o l a r s h	PUBLICATION: Newspaper Editor
	Yearbook Editor
Parent or Grandparent (USBA Member) Name	Other
Parent or Grandparent's USBA Member ID Number	PERFORMANCE: —— —— —— Lead in drama/musical
Parent or Grandparent (USBA Member) Address if different	— — — Part in drama/musical — — — Orchestra, band, choral group
	Other
l attest that all candidate information is complete and accurate. I, the student, also understand if awarded this scholarship, I will be required to provide my Social	ATHLETICS:
Security Number to USBA Services, Inc., prior to payment, for tax purposes. For	Letter or major award
convenience and at my choice, I am providing my SSN now:	Team Manager
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Candidate's Signature Date	EXTRACURRICULAR ACTIVITIES:
Signature of USBA Member Date	