

# CLINTON-MACOMB GIRLS FASTPITCH LEAGUE COLLEGE SCHOLARSHIP APPLICATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

High School \_\_\_\_\_

Date of Graduation \_\_\_\_\_

College Planning to Attend \_\_\_\_\_

Years Played in CMGFL \_\_\_\_\_

Memories of CMGFL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School Extracurricular Activities \_\_\_\_\_

High School Experience \_\_\_\_\_

\_\_\_\_\_

Tell Us About Yourself \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Future Goals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date submitted: \_\_\_\_\_

(Please use additional paper and attach to cover sheet)

RETURN BY: July 1<sup>st</sup>  
CMGFL SCHOLARSHIP COMMITTEE  
P.O. Box 380176  
Clinton Township, MI 48038-0061