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# KEITH ISBELL MEMORIAL SCHOLARSHIP

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### Application Criteria

- \* A member of the AHS Varsity Baseball Team
- \* At least a 2.5 GPA on a 5.0 Scale
- \* Accepted into a 2 or 4 year College/University
- \* Copy of transcript
- \* High school Senior

Application may be completed in pen or typed with all information provided.  
Email fully completed applications by 11:59 PM on Wednesday, May 22, 2019.

[keithisbellmemorialscholarship@gmail.com](mailto:keithisbellmemorialscholarship@gmail.com)

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

\_\_\_\_\_

Parent's Phone #: \_\_\_\_\_

### HIGH SCHOOL INFORMATION

High School: \_\_\_\_\_ GPA: \_\_\_\_\_

Grade: \_\_\_\_\_ ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_

Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_

Honors/Awards (Please list): \_\_\_\_\_

\_\_\_\_\_

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Clubs/Activities (Please list): \_\_\_\_\_

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Sports Played:      Freshman: \_\_\_\_\_

                            Sophomore: \_\_\_\_\_

                            Junior: \_\_\_\_\_

                            Senior: \_\_\_\_\_

Leadership Roles: \_\_\_\_\_

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**COLLEGE/UNIVERSITY INFORMATION**

Plan to Attend: \_\_\_\_\_ Accepted: \_\_\_\_\_

Address: \_\_\_\_\_ Major: \_\_\_\_\_

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Educational Goals: \_\_\_\_\_

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