2025 DYB
ACADEMIC SCHOLARSHIP
APPLICATION

Due in our office on or before March 1, 2025

PLEASE PRINT CLEARLY - BLACK or BLUE INK ONLY

*Applicant must be a senior in high school and have participated in a **DYB Baseball** (**not** Softball) program when 12 years old or younger. Applicant's athletic ability will not be a factor in awarding this **academic scholarship**. **Please note:** NCAA rules may prohibit acceptance of this scholarship if a student will be participating in an athletic program in college. Please check with college prior to applying for this scholarship.*

FULL NAME: _____ *Preferred name*

ADDRESS: _____ CITY: _____ ST: _____

ZIP: _____ PHONE: (_____) _____ EMAIL: _____

PARENT'S NAME: _____

PARENT'S PHONE: (_____) _____ PARENT'S E-MAIL: _____

Number of dependent children in family: _____ Other scholarships awarded to applicant: $ _____

League name where you played DYB Baseball: _____ City: _____ ST: _____

ALL FIVE OF THE BELOW REQUIRED DOCUMENTS MUST BE ENCLOSED WITH THIS APPLICATION TO BE ACCEPTED

DO NOT FOLD OR USE STAPLES

ALL SIGNED DOCUMENTS MUST BE ONE PAGE ONLY

(1) ACT AND/OR SAT SCORE; CURRENT CLASS SIZE AND RANK (EX: 5/189); GRADE POINT AVERAGE (GPA)

One page only on school letterhead, **SIGNED** by a school official (principal or counselor)
No transcripts or printed ACT/SAT score pages will be accepted – only letters from school official will be sent to the committee

(2) EMAIL A DIGITAL PHOTO FOR PUBLICATION

Head and shoulders, facing forward, no caps/headphones/bats/etc., with a plain background (preferably a blank wall)
High quality photos (not blurry) without any watermarks or logos **(NO PROOFS!)**
_____ Check here when you have emailed scholarships@dybusa.org a High-Resolution Digital Photo – Full name in subject line

(3) SIGNED STATEMENT FROM A LOCAL LEAGUE OFFICIAL, WITH FRANCHISE # AND LEAGUE NAME INCLUDED.

Statement should verify the year(s) the applicant participated in a DYB **baseball** franchised league.

(4) LETTER FROM THE APPLICANT – ONE PAGE ONLY – SIGNED BY THE APPLICANT

State your desire for aid, any jobs held, extracurricular activities, and academic achievements. This is an academic scholarship, so please do not put an emphasis on your athletic achievements. Please include your goals for your degree and how you plan to use it after college. Again, your athletic abilities will not be a factor in awarding this scholarship.

(5) LETTER FROM PARENT OR GUARDIAN – ONE PAGE ONLY – SIGNED BY PARENT OR GUARDIAN

State applicant name, financial need, and family circumstances that would benefit from this aid

A completed application and **all required documents** must received at the address below, on or before **March 1, 2025**:

Johnny Berthelot, Scholarship Committee Chairman
DYB, Inc.
P.O. Box 1286
Wetumpka, AL 36092

A list of the 2025 Winners will be posted on our website on **May 1, 2025** (under the scholarships tab) | **www.dybusa.org**