

CYBL Chelmsford Youth Basketball League



SCHOLARSHIP APPLICATION

NAME: _____ CLASS OF: _____

ADDRESS: _____ HOUSE: _____

TELEPHONE: _____ EMAIL : _____

1. CYBL Involvement as a:

Player _____ Grade levels _____

Referee _____ Grade levels _____

Coach _____ Grade levels _____

Favorite CYBL memory:

2. Extra-curricular Activities & Organizations (community, school, church etc.)

3. What college do you plan on attending and have you been accepted?

4. Describe your best memory from your involvement with CYBL.

RETURN THIS APPLICATION WITH A TRANSCRIPT BY MAY 5 TO:

CYBL
P. O. Box 153
Chelmsford, MA 01824