



## SCHOLARSHIP APPLICATION

Dear Birmingham City High School Administrators, Athletic Directors, Coaches, & Teachers:

BAP is proud to offer a \$3,000 *W. Edgar & Louise C. Welden Founders Scholarship* to one student, a \$1,000 Corporate Scholarship to eight students, and other \$1,000 special scholarships to hardworking and enthusiastic senior students who participate in athletics, cheerleading or band seeking to further their education. The *Scholarship Committee* will consider only complete application packets that consist of the following:

- 1) The attached application\* filled out in its entirety
- 2) Personal statement (no photos please) of no more than 400 words
- 3) Three (3) letters of recommendation:
  - A coaches reference (Coach, Band Director, Cheer Sponsor)
  - A personal reference (no family members)
  - A high school administrator (principal, teacher or school counselor)
- 4) Transcripts:
  - High school transcripts
  - ACT score

The complete packet must be postmarked by Friday, April 12<sup>th</sup>, 2019, or e-mailed to the e-mail address below.

Toney Pugh  
Executive Director  
Birmingham Athletic Partnership  
2150 Richard Arrington, Jr. Blvd N  
Birmingham, AL 35203

If you have any questions, please e-mail Mr. Pugh at [tpugh@bapteam.org](mailto:tpugh@bapteam.org)

*Scholarship Application (cont.)*

**INSTRUCTIONS**

Please read the following questions carefully and answer them completely. Use a pen or type your answers (Please write legibly). Remember that your complete application represents you to the Scholarship Committee. Proofread it and your personal statement carefully, and have a friend or relative double-check it. Incomplete or illegible applications will not be considered.

**A: GENERAL INFORMATION**

Full Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (H): \_\_\_\_\_ (C): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Sex: Male or Female

Intended career: \_\_\_\_\_

Name of College/University you plan to attend: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Financial Aid Office Address: \_\_\_\_\_

Financial Aid Office Phone Number: \_\_\_\_\_

Financial Aid Contact Person: \_\_\_\_\_

**B: PARENT/GUARDIAN INFORMATION**

Name of Parents/Guardian: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Marital status of parents  
\_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

If parents are divorced, with whom do you reside? \_\_\_\_\_