2017 RBI for RBI Scholarship Application

Application packets must be postmarked by June 30, 2017

If you have questions, please contact: Rose Aparicio, Youth Programs
Major League Baseball, at RBIScholarship@mlb.com

APPLICANT: Please be sure to fill out each section of the application and attach all requested materials.

Checklist:

☐ List current RBI League that you are affiliated with.

☐ Your motivation statement must be enclosed with your application materials.

☐ Please submit a copy of your High School transcript with the application materials.

☐ Please submit your SAT / ACT Scores.

☐ Professional headshot

☐ Two character reference letters. One from your RBI Director / Coach and one from an education professional or mentor.

☐ Parents’ or guardians’ financial data: By their signatures, they also agree to provide proof of income, including copies of income tax returns, if required. Alternatively, you may include a copy of your FAFSA and Student Aid Report (SAR).

If no proof of income is provided, the Financial Data section must be completed.

☐ Sign the Consent, Assignment and Release form (page 4). If you are under 18 years old, the form must have your parent/guardian’s signature as well.

☐ Application materials must be mailed in one packet.

Other Notes:

☐ Incomplete, e-mailed, or faxed applications will not be considered.

☐ We suggest that you keep copies of your application materials.

☐ You will be informed in late July as to whether or not you have received a scholarship.
### Applicant Data

<table>
<thead>
<tr>
<th>RBI League Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First</td>
</tr>
<tr>
<td>Permanent Home</td>
<td>Mailing Address</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Telephone (______)</td>
<td>Email Address</td>
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<tr>
<td>Date of Birth: Month ____ Day ____ Year</td>
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<tr>
<td>Please indicate your status. (For statistical purpose only) ☐ Male ☐ Female</td>
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<tr>
<td>☐ American Indian/Alaska Native ☐ Black/African-American ☐ Multiracial ☐ White</td>
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<tr>
<td>☐ Asian ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander</td>
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### Parent or Guardian Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
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<tr>
<td>Address</td>
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<tr>
<td>Relationship to Applicant</td>
<td>Day Telephone (______)</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td>Fax Number (______)</td>
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### High School Data

<table>
<thead>
<tr>
<th>School Name</th>
<th>High School Graduation Date: Month ____ Year</th>
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<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Telephone (______)</td>
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### Post-Secondary School Data

Name of post-secondary school that you plan to attend. If unknown, please list the schools to which you have applied. Use official school names (in order of preference). Do not use abbreviations.

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<thead>
<tr>
<th>City</th>
<th>State</th>
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<table>
<thead>
<tr>
<th>☐ 4 Year College or University</th>
<th>☐ 2 Year Community or Junior College</th>
<th>☐ Vocational-Technical School</th>
<th>☐ Other, explain</th>
</tr>
</thead>
</table>

Major or course of study: ____________________________ Expected college graduation date: Month ____ Year

Degree sought: ☐ Bachelor ☐ Associate ☐ Certificate ☐ Other

Student will: ☐ live on campus ☐ live off campus ☐ commute from home

If school choice is a public institution, applicant will pay: ☐ in-state resident tuition ☐ out-of-state tuition

Do you plan to play a sport in college / university? ☐ Yes ☐ No ☐ Unsure at this time

If yes, which of the below best describes the team you will be playing on:

<table>
<thead>
<tr>
<th>☐ Division 1</th>
<th>☐ Division 2</th>
<th>☐ Division 3</th>
<th>☐ Club</th>
<th>☐ Intermural</th>
<th>☐ Other</th>
</tr>
</thead>
</table>

Are you being actively recruited? ☐ Yes ☐ No ☐ I plan to attend a “walk on” tryout on campus once enrolled

If yes, have you committed to a college / university athletic program already? ☐ Yes ☐ No

Will you play baseball? ☐ Yes ☐ No ☐ Other

If other, please specify: ____________________________

Will you continue to play softball? ☐ Yes ☐ No ☐ Other

If other, please specify: ____________________________
**Activities, Awards, and Honors**

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). In addition, list all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors, and offices held.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Organization</th>
<th>Years Involved</th>
<th>Awards or Honors</th>
<th>Office(s) Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Baseball</td>
<td>RBI</td>
<td>4</td>
<td>MVP</td>
<td>Captain</td>
</tr>
</tbody>
</table>

**Motivation Statement**

1. Pick an experience from your own life and explain how it has influenced who you are today. (500 words or less)
2. Why do you want a college education? (200 words or less)
3. How has the Reviving Baseball in Inner Cities (RBI) Program affected your life? (200 words or less)
4. Identify and describe one quality that you believe sets you apart from your peers. (200 words or less)

**Parents’ or Guardians’ Financial Data (Required)**

The applicant’s parents or guardians must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents’ or guardians’ most recently filed tax return. To be considered for an award, this section must be filled out completely. **You must complete this section or attach your FAFSA form and SAR.**

- **State of Residence**
- **Adjusted Gross Income (FORM 1040)**
- **Total Federal Tax Paid (FORM 1040)**
- **Total Income of Father**
- **Total Income of Mother**
- **Yearly Untaxed Income and Benefits:**
  - Social Security
  - AFDC
  - Child Support
  - Other
- **Medical and Dental Expenses not paid by insurance (exclude premiums)**
- **Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401(k))**
- **Total number of family members living in the household and primarily supported by the reported income**
- **Marital status of parent or guardian:**
  - Married
  - Divorced
  - Separated
  - Widowed
  - Single
- **Total number of family members attending college at least half-time during the next school year, including applicant**

**Grants and Scholarships**

Please list the name and annual amount of any grants or scholarships that you have been awarded for the coming school year only.

- **Name of Award:**
  - **Amount:** $  
- **Name of Award:**
  - **Amount:** $  

**Character References**

**To the Applicant:** Please provide Two (2) Character References, one from your RBI Coach or League Director and one from an education professional (teacher, guidance counselor, etc.) or mentor.

**To the Recommender:** You have been asked to provide a Character Reference in support of the applicant. Please write a statement that specifically addresses the student’s character traits and leadership abilities that will help him/her succeed in post-secondary school. You must include your relationship to the applicant with your statement.

**Note:** A relative of the applicant cannot write the letter of recommendation.
### Transcript Information

The following section must be completed by the applicant’s School Official. A complete transcript must be included with this application.

<table>
<thead>
<tr>
<th>Applicant ranks</th>
<th>Cumulative Grade Point Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weighted: _____________________/4.0 scale</td>
</tr>
<tr>
<td></td>
<td>Unweighted: ____________________/4.0 scale</td>
</tr>
</tbody>
</table>

In a class of _______________________

School Official's Signature __________________

Date __________ Title __________________ Telephone (___) ________

School Official's Address: Street __________________

City __________ State __________ Zip __________

### Test Information

<table>
<thead>
<tr>
<th>SAT Score: Critical Reading</th>
<th>Writing</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Score</td>
<td>Total Score Without Writing</td>
<td></td>
</tr>
<tr>
<td>Test Date</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ACT Score: Composite ACT Score</th>
<th>Test Date</th>
</tr>
</thead>
</table>

### Unusual Circumstances (if applicable)

Please describe how and when any unusual family or personal circumstances have affected your achievement in school or your participation in school and community activities.

________________________________________________________________________

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________________________________________________________________________

### Mailing Information

The student is responsible for submitting all materials by **June 30, 2017**. Incomplete applications will not be evaluated. This application becomes complete and valid only when Major League Baseball has received all of the required materials. To verify receipt of your application, include a self-addressed stamped envelope. Incomplete, e-mailed, or faxed applications will not be considered.

All materials, including transcript, must be addressed to:

**RBI for RBI Scholarship**

c/o MLB Youth Programs  
Attn: Rose Aparicio  
245 Park Avenue  
New York, NY 10167

### Certification

Urban Youth Foundation has the sole responsibility for selecting recipients based on criteria as set forth in the program’s description. This application becomes the property of Urban Youth Foundation. (It is recommended that you keep a copy for your files.)

I acknowledge that all decisions on my application are final. I certify that I meet the basic eligibility requirements of the program as described in the guidelines and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form, including a copy of requested U.S. Income Tax Returns. Falsification of information will result in termination of any scholarship granted.

Applicant’s Signature __________________________ Date __________

Parent’s Signature __________________________ Date __________
CONSENT, ASSIGNMENT AND RELEASE

In connection with my possible selection as a recipient ("Recipient") of scholarship funds (the "Scholarship") from Major League Baseball Urban Youth Foundation ("MLB"), the receipt of which shall be sufficient consideration for this Consent, Assignment and Release, I do hereby:

1. consent to be aurally and visually recorded by audiotape, videotape, photograph or film in connection with the Scholarship ("Recordings");
2. assign to MLB all of my worldwide right, title and interest in or to such Recordings, including, but not limited to, the right in perpetuity to use such Recordings in connection with the Scholarship;
3. consent to use my name in press releases on MLB.com and in other media ("Releases") as a recipient of the Scholarship;
4. acknowledge that I shall have no right of approval of the content or use of the Recordings or the Releases; and
5. release in perpetuity MLB, the Office of the Commissioner of Baseball, the Major League Baseball member clubs, Major League Baseball Properties, Inc., and such entities’ respective owners, general and limited partners, members, shareholders, directors, officers, employees, agents, licensees, sponsors, representatives and contractors from any claim of right in respect of the Recordings and Releases, including, but not limited to, claims of false endorsement or rights of publicity or privacy.

New York law will govern this agreement and all disputes relating thereto must be brought in a court located in New York State, New York County. I have fully read and I fully understand this agreement, and my signature below constitutes my acceptance of its terms.

Name: ______________________________________ Age: __________________

(Please print clearly)

Signature: ______________________________________ Date: ________________

Address: ______________________________________

____________________________________________________

Telephone: ______________________________________

If recipient is under 18 years old: I represent that I am the parent or legal guardian of the minor named above, have authority to sign this consent, assignment and release, and agree to the terms stated herein.

Signature of parent or guardian: ______________________________________

(If recipient is under 18 years old)

Name: ______________________________________

(Please print clearly)

Address: ______________________________________

____________________________________________________

Telephone: __________________ Date: __________________

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