Dear Applicant:

Loveland Youth Baseball Association will make one, non-renewable one-thousand-dollar ($1000.00) scholarship available to a male or female, known as the Loveland Youth Baseball Organization (LYBO) Scholarship. This targeted amount will be subject to change based on the LYBO Operating Budget, reviewed and established annually.

The LYBO Scholarship will be awarded to one (1) High School Senior who resides and/or attends school within the LYBO Little League Boundary, who is pursuing a four (4) year college degree, two (2) year associate degree, or equivalent degree with an institution of higher education as deemed acceptable by the LYBO Executive Board.

Enter address of residence or school here to determine eligibility: League Finder - Little League

Criteria for eligibility

1. Submission of a complete and accurate application
2. Past or current participation in LYBO as a player or umpire
3. Acceptance at qualifying institution
4. Minimum cumulative G.P.A. of 2.5
5. Application must be submitted by **March 16, 2026**

Application Information

In addition to the general information required on the application, the applicants are required to submit the following:

1. A copy of an official High School transcript.
2. Two letters of recommendation:
    1. One from the following (written about this specific scholarship): High School Athletic Director, Head or Assistant Baseball Coach, teacher, counselor, or activity advisor.
    - One from a person of the applicant's choice written in general reference.

To receive payment of the LYBO Scholarship, the recipient must provide proof of payment from the qualifying institution. A copy of a registrar's receipt constitutes proof of payments. A copy of such proof must be presented to the LYBO Treasurer by the end of the calendar year in which the LYBO Scholarship was awarded. If proof of payment is not received within this timeframe, then the scholarship amount may be withdrawn at the discretion of the LYBO Executive Board.

Please complete the attached application and return it with a copy of your official transcript and two letters of recommendation to scarr1998@gmail.com or mail to:

LYBO Scholarship
ATTN: Scott Carr
1217 Obannon Creek Lane
Loveland, OH 45140

by **March 16, 2026.** Incomplete applications will not be considered. No applications will be accepted after the assigned date and time.

LYBO SCHOLARSHIP APPLICATION

Legal Name _____

Parent/Guardian _____

Address _____

Phone Number _____ **Email** _____

Cumulative GPA _____ (please attach an official copy of High School transcript)

Number of Years Involved in LYBO _____

LYBO Coaches _____

Have you been awarded a full scholarship to a school you plan to attend? **Yes** **No**

Schools Applied:	**Acceptance**		**Commitment**	
_____	**Yes**	**No**	**Yes**	**No**
_____	**Yes**	**No**	**Yes**	**No**
_____	**Yes**	**No**	**Yes**	**No**

What impact has playing baseball or umpiring for LYBO had on your personal growth and/or character development?

_____

_____

_____

_____

List any school activities and/or community service that you have been involved in during high school.

_____

_____

_____

_____

Please provide any additional information you would like us to consider during the selection process. You may attach an additional sheet if necessary. PLEASE DO NOT INCLUDE A RESUME.