



### Eliza Baker Memorial Scholarship

The 2026 Eliza Baker Memorial Scholarship will be awarded to a former Fort Hunt Little League baseball player who commits to playing baseball at Division I, II, III or NAIA collegiate levels. This financial assistance is a \$5,000 grant over four years, if the recipient maintains eligibility requirements while pursuing their college education.

#### **Application Instructions:**

To be considered, applicants must meet the eligibility criteria listed below and submit the completed application, essay and required documents electronically by **April 15, 2026**, to Tim Baker, President of the Eliza Baker Memorial Scholarship, at [application@elizabakermemorialscholarship.org](mailto:application@elizabakermemorialscholarship.org). Application information must be type-written, not handwritten. Incomplete or any application received after this date will not be considered. Please include in the subject line of the e-mail message: Application for the Eliza Baker Memorial Scholarship – [Your Last Name, First Name]. The applicant will receive notification that the application has been received. If notification is not received by the applicant within 24 hours, please resend the application.

#### **Eligibility Requirements:**

1. Must have played at least two (2) season of A-Ball Division or higher in Fort Hunt Little League.
2. Must be a graduating senior in June 2026 with all diploma requirements completed prior to graduation.
3. Must be accepted and plan to attend a post-secondary Division I, II, III or NAIA institution in the Summer or Fall 2026.
4. Must have signed a National Letter of Intent with the institution.

#### **Required Applicant Documents:**

1. A completed application form.
2. A type-written response to the application essay question.
3. Letter of Recommendation from a member of their high school baseball coaching staff.
4. Letter of Recommendation from a teacher.
5. Letter of Recommendation from a high school teammate.
6. A copy of the applicant's signed National Letter of Intent.
7. A copy of the applicant's current high school transcript.
8. An action photograph of the applicant in their baseball uniform.

#### **Requirements to Maintain Scholarship:**

1. Maintain a roster spot to a post-secondary Division I, II, III or NAIA institution.
2. Remain academically eligible.
3. Be free of any disciplinary action by the team or university, including any criminal activity.
4. If injured, you may retain your scholarship as long you remain on the roster.
5. If you are cut from or no longer with the team, you would not have to repay the scholarship already received but would no longer be eligible for the future annual award.

**Completed application, type-written essay and required documents must be received by April 15, 2026.**



## Eliza Baker Memorial Scholarship

Please complete all sections of this application form and provide the requested information. Both the form and the essays are required to complete an application. Applications with late or unreceived forms, letters or essays may not be considered by the selection committee. All sections, including the essay, should be typed.

### APPLICANT INFORMATION

First Name	Middle Name	Last Name	Suffix
------------	-------------	-----------	--------

Address
---------

City	State	Zip Code
------	-------	----------

E-Mail	Telephone
--------	-----------

Birthday	Mother's First Name	Father's First Name
----------	---------------------	---------------------

### HIGH SCHOOL INFORMATION

Name of High School
---------------------

Address
---------

City	State	Zip Code
------	-------	----------

Graduation Day	GPA	SAT Score	Verbal	Math	ACT Score
----------------	-----	-----------	--------	------	-----------

Guidance Counselor	Guidance Counselor E-mail	Guidance Counselor Phone Number
--------------------	---------------------------	---------------------------------

### COLLEGE INFORMATION

Name of College
-----------------

Address
---------

City	State	Zip Code
------	-------	----------

Date Entering	Intended major of course study
---------------	--------------------------------

## FORT HUNT LITTLE LEAGUE INFORMATION

Total number of years played in FHLL      Years Played      Highest division played

## HIGH SCHOOL BASEBALL INFORMATION

Total number of years played in high school      Years Played

Number of years on Varsity      Number of years on Junior Varsity

Primary Position      Secondary Position

High School Baseball Head Coach      High School Baseball Head Coach E-mail      High School Baseball Head Coach Phone Number

## TRAVEL BASEBALL PROGRAM INFORMATION (60/90 Field)

Name of program      Total number of years played with program

Travel Baseball Head Coach      Travel Head Coach E-mail      Travel Head Coach Phone Number

## EXTRA CURRICULAR ACTIVITIES OR AWARDS

Student Activities	Community Involvement	Leadership	Athletics

## ESSAY

Write an essay describing your experiences playing Fort Hunt Little League, how it contributed to your overall high school baseball experience, and how this scholarship will impact your future. The essay must be typed on a separate sheet of paper, include your name at the top of the page, and attached to the completed scholarship application. The essay must be at least 1,000 words and will be judged on content (addresses topic), grammar, and organizational style.

**By signing below, I certify that information contained in this application is correct and understand that falsifying information will cause this application to be ineligible for selection. I confirm the essay is completed by my own hands and without plagiarism. Additionally, I understand to remain eligible for the scholarship in future years, I must continue to maintain a roster spot to a post-secondary Division I, II, III or NAIA institution, remain academically eligible, and be free of any disciplinary action by the team or university, including any criminal activity. If I become injured, I will retain my scholarship as long I remain on the team's roster. If I am cut from or am no longer with the team, I would not have to repay scholarship already received but would no longer be eligible to receive the future annual award.**

Applicant Signature      Date

**As parent or legal guardian, I have read this application and agree that all information is correct.**

Parent or Legal Guardian Signature      Date