



**Virginia State  
Tournament Umpire Association, Inc.**

242 Benns Road, Newport News, Virginia 23601-1739  
757-595-8400, Fax: 757-595-8199, www.vstua.org

**Memorial Scholarship  
Application**

Southern Region, Florida

Williamsport, Pennsylvania

**Applicant Information**

Full Name:				Date:	/	/
	<i>Last</i>	<i>First</i>	<i>Middle</i>			
Address:	<i>Street Address</i>			<i>Apartment/Unit #</i>		
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>	
Home Phone:	( )	Work Phone:	( )	Ext.#		
Email Address:						
District Number:	Local League:	Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Number of VSTUA meetings I have attended in the last five (5) years?				<input type="checkbox"/> 0	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-4
				<input type="checkbox"/> 5-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> All
I have umpired in Virginia State Tournaments in the Following Levels:				<input type="checkbox"/> Major	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
				<input type="checkbox"/> Big League		

**Virginia State Tournament Information**

List last two (2) Virginia State Tournaments in which you have umpired:

(1) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball	<input type="checkbox"/> 9-10	<input type="checkbox"/> 10-11	<input type="checkbox"/> Major	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Big League
Tournament Location:	Tournament Date:			/ /		
(2) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball	<input type="checkbox"/> 9-10	<input type="checkbox"/> 10-11	<input type="checkbox"/> Major	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Big League
Tournament Location:	Tournament Date:			/ /		

**Your Volunteer Training**

Please list below the last two (2) umpire training sessions you have attended:

Date:	/ /	Location:		Level:	<input type="checkbox"/> Local	<input type="checkbox"/> District	<input type="checkbox"/> State	<input type="checkbox"/> Regional
Date:	/ /	Location:		Level:	<input type="checkbox"/> Local	<input type="checkbox"/> District	<input type="checkbox"/> State	<input type="checkbox"/> Regional
I am a Little League Volunteer Umpire:				<input type="checkbox"/> Local League <input type="checkbox"/> District Tournaments <input type="checkbox"/> State Tournaments				
Verified By:		Local Little League President:			Date: / /			
Verified By:		District Umpire Consultant:			Date: / /			

**Disclaimer and Signature**

By signing this application I hereby agree to abide by all Scholarship rules and conditions. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in terminating this application.

Signature:		Date:	/ /
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**VSTUA Office Use Only**

Date Received:	/ /	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date: / /	Notified: / /
Check Sent: / /	Comments:			