Scholarship Application

Contacts

In order to insure proper receipt and processing, please submit your scholarship application to the appropriate contact for your state (listed below).

Scholarship Applications must be submitted/renewed by June 15th of the current year. For additional questions or information, contact the scholarship committee representative for your state.

ALABAMA & LOUISIANAJOE CHANDLE	
Cell: (205) 919-1091	
9643 Ridge Way, Kimberly, AL 35091	
Email: jchandler30@bellsouth.net	
FLORIDAGRADY MOORE	
1820 Mallard Dr., Panama City, FL 32404	
Cell: (850) 819-7216	
Email: gmoore5311953@yahoo.com	
GEORGIAHOUSTON SUGGS	
Home: (770) 382-9904 / Cell: (770) 606-4621	
P.O. Box 24, Cassville, GA 30123	
Email: hsuggsdizzydean@aol.com	
MISSISSIPPIPEGGY RAMSEY	
Home: (662) 283-4445 / Cell: (601) 573-5624	
P.O. Box 308, Winona, MS 38967	
MISSISSIPPI	
Home: (662) 226-2919 / Work: (662) 227-3450 / Cell: (662) 417-4685 / Fax: (662) 227-3449	
276 Salem Ch. Rd., Grenada, MS 38902	
Email: druw@cableone.net or prkrecgr@bellsouth.net	
TENNESSEEGARY ST.CLAIR	
Home: (423) 385-6302	

To contribute to the Dizzy Dean Scholarship Fund Contact:

5011A Harley Ln, Chattanooga, TN 37416

Email: gstclair1@gmail.com

Danny Phillips (662) 429-7790 Email: DPhil10513@aol.com

DIZZY DEAN SCHOLARSHIP APPLICATION



This application form must be completed and submitted to the state Dizzy Dean organization in the applicant's state or to the senior member of the National Dizzy Dean Board of Directors from the applicant's state by June15th. The appropriate names and mailing addresses can be found in the Dizzy Dean rule book or at: www.dizzydeanbbinc.org



An applicant must have played Dizzy Dean Baseball/Softball for at least four years. Financial need will be a consideration in awarding the scholarships. Scholarships may be renewed annually for up to four years, if the recipient meets all renewal requirements Age: _____ Date of Birth: ____ Name: Email: Telephone Number: Mailing Address: City: State: Zip: Name of College/University Applicant will Attend: Mailing Address: City: State: Zip: Is this a renewal application? Yes No Social Security No: Years Played: Dizzy Dean League Participated In: Note: New applicants must attach: * two (2) letters of recommendation addressing the applicant's character and financial need. * a copy of the applicant's high school diploma. * a copy of the applicant's high school transcript. * a copy of the applicant's and parents'/guardians' (if the applicant is supported by parents'/guardians') previous year's Federal Income Tax form. **Renewal applications must attach:** a copy of the applicant's college transcript (which indicates the applicant maintained a minimum of a "C" average on all college work attempted). a copy of the applicant's and parents'/guardians' (if the applicant is supported by parents'/guardians') previous year's Federal Income Tax form. By signing below, I/We authorize the above listed College/University to return/refund any unused funds (partial or in whole) to Dizzy Dean Baseball, Inc. Applicant's Signature: Date: Parent/Legal Guardian Signature: FOR STATE OFFICE USE ONLY

I have reviewed this scholarship application and certify that the applicant has met all the requirements and that the application documents are complete. I understand that I must send this application to the appropriate National Board member from my state on the Scholarship Committee no later than June 15th.

National Director's Signature:			
State Approval:	Yes	No	