

Bill Broughton Memorial Baseball Scholarship



Name: _____

Phone: _____ Email: _____

Address: _____

College: _____ Location: _____

Position _____ Year: Freshman, Sophomore, Junior, Senior

Coach: _____ Coach Signature: _____

Coach Phone: _____ Coach Email: _____

Dates in Legion Baseball Program: _____

Share a Memory from the Baseball Program: _____

*Scholarship Amount: \$250 per year, up to \$1000 total

*Qualifications: *Former player in Post #22 Baseball Program (must have played
one full season)

*Be on the roster for current college year

*Include bust photo in college uniform

*Form must be signed by college coach

*Send Completed Form With Photo to:

Guyer-Carignan American Legion Post #22

Attn: Pete St. Pierre

189 Mechanic Street

Lebanon, NH 03766

Any Questions? Call

Pete St. Pierre, Program Director

(603)-448-3429