



Chasers Charities-Robinson Athletic Scholarship Program

The Program

The Chasers Charities-Robinson Athletic Scholarship Program is administered by Omaha Storm Chasers, the Triple-A Affiliate for the Kansas City Royals.

Eligibility

To be eligible to apply, the student must:

- Be a United States citizen or a permanent resident.
- Reside in the following counties: Sarpy, Douglas, Cass, Lancaster and Pottawattamie.
- Have a minimum cumulative grade point average of 2.5 on a 4.0 scale.
- Be African-American, male and female, and a high school student participating in athletics.
- Be a high school senior or graduate planning to enroll in a full time undergraduate course of study at an accredited postsecondary institution.

Awards

If selected, one male and one female will receive one \$1000 scholarship that is not renewable and is to be paid directly to the student's institution.

Application

- Current, complete transcript of grades.
- Letter of support from current supervising principal, coach or guidance counselor.
- Statement of how and why sports have been important in your life.
- Which athlete has inspired you and why? Please include examples.

Please send completed application to:

Chasers Charities
c/o Omaha Storm Chasers Baseball Club
Attn: Becki Frishman
12356 Ballpark Way
Papillion, NE 68046
P: 402-738-2181
beckif@omahastormchasers.com

Application deadline is March 29, 2019.

Winners will be notified no later than April 5, 2019. A ceremony will take place Friday, April 26 at the 7:05 p.m. home game, Omaha Storm Chasers vs. Memphis Redbirds at Werner Park to recognize the winners.

Presented by:



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Robinson Athletic Scholarship Applicant Contact Information

STUDENT

NAME: _____

AGE: _____ **DATE OF BIRTH(MM/DD/YY):** _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP CODE:** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

GUARDIAN

NAME: _____

RELATION TO STUDENT: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP CODE:** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

SCHOOL

NAME OF SCHOOL: _____

STUDENT'S COUNSELOR: _____

SCHOOL ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP CODE:** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

SEND ORDER FORM TO:

OMAHA STORM CHASERS, ATTN: BECKI FRISHMAN, 12356 BALLPARK WAY, PAPANILLION, NE 68046