Jerry McCullough Legacy Scholarship

Scholarship Application

Deadline: Applications must be postmarked on or before Monday, June 1, 2026.

When preparing your application form and attachments, please DO NOT fold, use staples, special binding, colored paper or colored ink. Please use as a single sided document. All documents may be photocopied.

Purpose:
The Miracle League Scholarship supports current or former Miracle League players who are pursuing continued education, training, life-skills programs, or assistive/adaptive devices that support education and independence.

Scholarships may be used for:

- College (2-year or 4-year programs)
- Trade or vocational school
- Specialized education or life-skills programs
- Assistive or adaptive learning devices
- Educational supports that promote independence

Applicant Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Diagnosis: _____

High School Attended: _____

List your work experience stating the place of employment and your position:

_____

_____

List your hobbies, outside interests, and extracurricular activities: _____

_____

List any community service activities: _____

_____

_____

Parent Information

Father/Guardian Name: _____

Employer: _____

Job Title: _____

Father/Guardian Phone & Email: _____

Mother/Guardian Name: _____

Employer: _____

Job Title: _____

Mother/Guardian Phone & Email: _____

Miracle League Participation

1. How many seasons have you played Miracle League?
   ☐ 1–2
   ☐ 3–5
   ☐ 6–10
   ☐ 10+

2. Are you currently playing Miracle League in Arlington?
   ☐ Yes
   ☐ No
3. If not currently playing, when was your last season? _____

Educational / Training Information

1. What program are you planning to attend?
   ☐ College (2-year or 4-year)
   ☐ Trade or vocational school
   ☐ Specialized education or life-skills program
   ☐ Assistive/adaptive device or support services

2. Name of school, program, or provider (if known) _____

3. Anticipated start date: _____

4. If applying for an assistive or adaptive device, please describe the device or support needed: _____

   _____

   _____

Short Answer Questions

(Please attach an additional page)

1. Personal Statement
Please share a short personal statement describing your Miracle League experience and what it has meant to you.
(250–500 words)

2. Educational or Training Goals
What are your educational, career, or independence goals?

3. Impact of Scholarship
How will this scholarship, program, or device help you succeed?

4. Please provide any additional details you feel comfortable sharing. (500 max)

Recommendation Requirement

Please attach **one letter of recommendation** from a reference, such as:

- Teacher
- Therapist
- Employer
- Coach
- Mentor

(Note: Letters may not be from a family member.)

Certification

I certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Return all applications to:

Men Serving God
Attn: Jimmy Walker – Scholarship Committee
4810 Tamanaco Court
Arlington, TX 76017