



Conejo Youth Basketball Association

www.cyba.org

P.O. Box 6966, Thousand Oaks, California 91359

(805)518-0100

CYBA Scholarship Fund

Application Form

Name: _____

Address: _____

Phone: _____ Number of years played or volunteered in CYBA: _____

GPA: _____ Copy of the official high school transcript must be attached.

List school, community, or religious activities including leadership positions you held in them:

List your work experience:

List which college you plan to attend: _____

Have a teacher, boss, leader, etc. with whom you served with in any of the above activities complete and mail the reference form to directly to CYBA.