

ATHLETIC PARTICIPATION, AWARDS, AND SCHOOL INVOLVEMENT

NAME: _____

*** Please mark grade(s) participated in each activity with either a "JV" (Junior Varsity) or "V" (Varsity)

ATHLETIC ACTIVITY	9 TH	10 TH	11 TH	12 TH	TOTAL
Cheerleader					
Golf					
Swimming & Diving					
Tennis					
Soccer					
Softball					
Baseball					
Wrestling					
Track					
Volleyball					
Cross Country					
Basketball					
Football					
Other					

If participation in any activity was less than for the full season, explain why: _____

ATHLETIC HONORS AND AWARDS RECEIVED: _____

OTHER SCHOOL AND COMMUNITY ACTIVITIES: _____

Please include any additional information that the Scholarship Committees should be aware of in awarding these scholarships: _____

Applicant Name: _____

Social Security Number: _____

Address: _____

City _____ State _____ ZIP _____

Telephone No. _____ Date of Birth _____

For Office Use Only	
GPA _____	
Class Rank _____ of _____	

What are your post-secondary education plans? _____

Father/Guardian: _____	Telephone No. _____	Home _____
Occupation: _____		Work _____
		Cell _____

Mother/Guardian: _____	Telephone No. _____	Home _____
Occupation: _____		Work _____
		Cell _____

Total number of siblings who are dependent: _____

How many dependents will be enrolled in higher education next year? _____

****Check appropriate income bracket (combined income for family):**

_____ Under \$20,000 _____ \$20,001-40,000 _____ \$40,001-60,000 _____ Over \$60,000

**** Due to endowment funding, financial information must be provided for the Tom Raby Memorial Scholarship.**

If you have received any scholarships, grants, and/or financial aid, please list below with amount(s) received

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I declare that the information reported on this entire application is true, correct, and complete.

Student signature _____ Date _____

Parent/Guardian signature _____

ATHLETIC SCHOLARSHIPS REFERENCE FORM

This form must be filled out by an adult other than a family member who can evaluate you objectively.

5 = Highest

0 = Lowest

No = Did not observe

Name of Athlete being Evaluated: _____

Athletic Ability _____

Work Ethic _____

Teamwork _____

Leadership _____

Character _____

Coachability _____

Signature of Evaluator _____

Date _____

Evaluator's name (Print) _____

*Please place in a sealed envelope with your signature across the seal and return to student before the **April 1st** deadline.*