

SCHOLARSHIP APPLICATION

COMPLETION OF THIS APPLICATION WILL QUALIFY YOU TO BE
CONSIDERED FOR THE FOLLOWING SCHOLARSHIPS:

- STAN SLOAN MEMORIAL SCHOLARSHIP
- FRANKLIN HIGH SCHOOL ATHLETIC BOOSTER CLUB SCHOLARSHIP
- WALTER SCRUGGS MEMORIAL SCHOLARSHIP
- BRANDON STIWINTER MEMORIAL SCHOLARSHIP
- TOM RABY MEMORIAL SCHOLARSHIP

DEADLINE: FRIDAY APRIL 17

RETURN A COMPLETE APPLICATION AND REFERENCE FORM TO THE GUIDANCE
OFFICE AT FRANKLIN HIGH SCHOOL BY
FRIDAY APRIL 17.

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: _____
Occupation: _____

Telephone No. _____
_____ Home
_____ Work

Mother/Guardian: _____
Occupation: _____

Telephone No. _____
_____ Cell
_____ Home
_____ 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 17, 2009 deadline.

TO: SYBIL BOWICK

NC COMMUNITY FOUNDATION

FROM: ALTON SUTTON, FRANKLIN HIGH SCHOOL

TOM RABY MEMORIAL SCHOLARSHIP

FAX#: (919) 827-0749

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