

SHADES VALLEY TOUCHDOWN BOOSTER
SCHOLARSHIP APPLICATION

- 1) APPLICANT MUST BE A SHADES VALLEY SENIOR FOOTBALL PLAYER OR TRAINER
- 2) APPLICANT MUST ANSWER/ADDRESS ALL QUESTIONS
- 3) APPLICATION SHOULD BE COMPLETED BY THE PLAYER/TRAINER.
- 4) APPLICATION MUST BE SUBMITTED NO LATER THAN **FRIDAY, APRIL 13TH**
- 5) APPLICATIONS WILL BE ACCEPTED **BY MAIL ONLY!!**

MAIL COMPLETED APPLICATIONS

TO : SVHS TOUCHDOWN BOOSTERS
ATTENTION- SCHOLARSHIP
PO BOX 102074
IRONDALE,AL 35210

SHADES VALLEY TOUCHDOWN BOOSTER SCHOLARSHIP I- **PERSONAL APPLICANTS**

NAME _____ DOB _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN _____ PHONE _____

ADDRESS _____

PARENT/GUARDIAN _____ PHONE _____

ADDRESS _____ CURRENT

GPA _____ IF ATTENDING A SV ACADEMY-WHICH

ONE? _____ UNIVERSITY/COLLEGE I WILL

ATTEND _____ FIELD OF

STUDY _____ I WILL BE ENTERING

THE MILITARY _____ WHICH BRANCH _____ IS APPLICANT/PARENT A

TOUCHDOWN BOOSTER MEMBER ? _____ II-VOLUNTEER ACTIVITY A)SVHS

TOUCHDOWN BOOSTERS(FUNDRAISING,PARKING,ETC)- 1)PLAYER/TRAINER-

_____ 2)PARENT-

_____ B)CLUBS-

_____ C) EXTRA
CURRICULAR- _____

_____ III-WHY I

SHOULD RECEIVE THIS AWARD

_____ IV-ANY

ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW

_____ V-

REFERENCES(PLEASE ATTACH LETTERS-ONE EACH CATEGORY) (1)

TEACHER/COACH- _____ (2)
FRIEND/TEAMMATE- _____ APPLICANT'S
SIGNATURE _____ DATE _____ PARENT'S SIGNATURE
_____ DATE _____ **BOOSTER SECTION ONLY** DATE
RECEIVED:: _____ IS APPLICATION
COMPLETE? _____ REVIEWED BY : _____