

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 : _____