

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 **APRIL 10<sup>TH</sup>, 2020**
- 5) APPLICATIONS WILL BE ACCEPTED **BY MAIL ONLY!!**

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- \_\_\_\_\_

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**III-WHY I SHOULD RECEIVE THIS AWARD**

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**IV-ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW**

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**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 : \_\_\_\_\_