

## **SCHOLARSHIP APPLICATION FORM**

Please complete this form to have your scholar-athlete considered for one of our 2016 scholarship awards.

Scholar-Athlete's Name:			High School:		
ATHLETIC INFORMATION         Football       Years Played:    Years Lettered:			Team Captain:	□Yes	□No
Honors Received:					
Other Varsity Sports Play	ed				
Sport:	Years Played:	Letters:	Captain:	□Yes	□No
Honors Received:					
Sport:	Years Played:	Letters:	Captain:	□Yes	□No
Honors Received:					
Sport:	Years Played:	Letters:	Captain:	□Yes	□No
Honors Received:					
SCHOLASTIC INFO	RMATION				
GPA: Class Rank	:: out of:	SATs: V	M	ACT	s:
Academic Honors Receive	d:				
Plans for this Fall Colle	ge:		P.G. Year:	Undecid	ed: □

EXTRA-CURRICULAR ACTIVITIES (Student Gov't., Clubs, Community Svc., Etc.)

**FINANCIAL NEED** (Please explain any special circumstances involving financial need, not only based on this!)

Completed By Name:

Title:

Please return the completed form by April 16<sup>th</sup> to John Barbarotta at <u>ooda@sbcglobal.net</u>. or send to 17 Washington St. Trumbull, CT 06611