

SCHOLARSHIP APPLICATION FORM

Please complete this form to have your scholar-athlete considered for one of our 2017 scholarship awards.

Scholar-Athlete's Name:		High School:			
ATHLETIC INFOR	: Years Le			□Yes	□No
Honors Received:					
Other Varsity Sports Pla					
Sport: Honors Received:	Years Played:	Letters:	Captain:	□Yes	□No
Sport: Honors Received:		Letters:	Captain:	□Yes	□No
Sport: Honors Received:			Captain:	□Yes	□No
SCHOLASTIC INFO	ORMATION				
GPA: Class Ra Academic Honors Receiv	nk: out of:			_ ACTs	S:
Plans for this Fall Col	llege:	I	P.G. Year: □	Undecide	ed: 🗆
EXTRA-CURRICUI	LAR ACTIVITIES	S (Student Gov't., C	Clubs, Communit	y Svc., E	tc.)
FINANCIAL NEED only based on this!)	(Please explain any spe	ecial circumstances	involving financi	al need, 1	not
Completed By Name:		Title	•		

Please return the completed form by April 16th to John Barbarotta at ooda@sbcglobal.net. or mail to 17 Washington St. Trumbull, CT 06611