

SCHOLARSHIP APPLICATION FORM

Please complete this form to have your scholar-athlete considered for one of our 2020 scholarship awards.

Scholar-Athlete's Name:		H	High School:		
Position:	A TION				
ATHLETIC INFORMATION Football Years Played: Years L Honors Received:				□Yes □No	
Other Varsity Sports Play	<u>ved</u>				
Sport: Honors Received:					
Sport: Honors Received:	Years Played:	Letters:	Captain:	□Yes □No	
Sport: Honors Received:	Years Played:	Letters:			
GPA: Class Ran Academic Honors Receive	k: out of:	SATs: V	M	ACTs:	
Plans for this Fall College:		P.	P.G. Year: Undecided:		
EXTRA-CURRICUL	AR ACTIVITIES	S (Student Gov't., Cl	ubs, Community	y Svc. Etc.)	
FINANCIAL NEED (Please explain any spe	ecial circumstances in	nvolving financia	al need, not only	based on this!)
Completed Ry Name:		Title			

Please return the completed form no later than April 10th to John Barbarotta at <u>ooda@sbcglobal.net</u>. or mail to 17 Washington St. Trumbull, CT 0661