

St. Michael Athletic Booster Club Scholarship Application

1. Student Information

Name _____
Last First MI

Permanent address _____
Street City State Zip

Date of birth _____ Social Security # _____

Male ___ Female ___ Telephone # _____ Graduation Date _____

2. Parent/Guardian Information

Name of Parent/Guardian _____

Permanent address _____
Street City State Zip

Telephone home _____ Telephone work _____

3. College/University Information

School you plan to attend _____

College address _____
Street City State Zip

Have you been accepted? Yes No

If no, please explain _____

Intended Major Field of Study _____

This is a 2yr___ 4yr___ program

For office use only

Date received _____ All information included:

Reviewed by: _____

Rev 1.1

4. Student Activities

A. High School Attended _____

Please indicate the total high school class size _____.

High School Curriculum: May circle more than one area of study:

Honors College Prep General Vocational Technical Other

Please list non-athletic extracurricular and community activities in which you have participated during your high school years. Please list in order of importance to you. Indicate any leadership position.

B. Please list all athletic activities in which you have participated in; please include 7th, and 8th grade and high school. Specify school, years of participation, leadership roles, and specific achievements (e.g., statistical performance; team, league, state, etc. recognitions). Include spring sports in which you intend to participate this year.

C. Work Experience

During high school, did you work outside of the school hours and/or during vacations? Yes No

If yes, please list employment history _____

Do you plan to work while in college? Yes No

E. Parent/Guardian & Applicant Signatures

I hereby authorize the transfer of this applicant's transcript to the Scholarship Committee, and the completion of this application by the guidance department. I further authorize the review of this application and transcript by the aforementioned Scholarship Committee of the St. Michael Athletic Booster Club, for the sole purpose of consideration for this scholarship award.

Furthermore, I acknowledge that the information provided herein is true and correct.

Parent/Legal Guardian Signature Date

Applicant's Signature Date

F. Academic Achievement

Please obtain a copy of your high school transcript and attach it to this application.

G. Name of Teacher Submitting Recommendation (See Section I)

H. Name of Coach Submitting Recommendation (See Section J)

I. Teacher's Recommendation – Due by April 15

Applicant: Please fill in your name below and remove this sheet from the application.

Give it to a teacher who knows you well enough to complete this recommendation.

Student Name _____

Teacher _____

In what capacity do you know this student? _____

Please comment on this student's academic performance in your class and ways that this student has demonstrated leadership and character

(use the space below or attach a written/typed letter of recommendation).

Teacher's signature _____ Date _____

Phone _____ Email _____

Mailing Instructions:

Teacher, once you have completed your recommendation for the student, please mail to: St. Michael Athletic Boosters
ABC Scholarship
Attn: Asst. Principal
723 Sutton Place
Findlay, OH 45840

J. Coach's Recommendation – Due by April 15

Applicant: Please fill in your name below and remove this sheet from the application.

Give it to a coach who knows you well enough to complete this recommendation.

Student Name _____

Coach _____

In what capacity do you know this athlete? _____

Please comment on this student's athletic performance for your sport and ways that this student has demonstrated leadership and character

(use the space below or attach a written/typed letter of recommendation).

Coach's signature _____ Date _____

Phone _____ Email _____

Mailing Instructions:

Coach, once you have completed your recommendation for the student, please mail to: St. Michael Athletic Boosters
ABC Scholarship
Attn: Asst. Principal
723 Sutton Place
Findlay, OH 45840