

Camas Athletic Booster Club

\$3,000 SCHOLARSHIP APPLICATION

*Deadline for Submission to the Board: May 15, 2020 (Extended deadline)

Please submit to: Camas Athletic Booster Club
PO Box 710
Camas, WA 98607

*Please **DO NOT** drop off or mail your application to the Camas Athletic Department due to the current school shutdown.

DIRECTIONS:

- Applications must be received by the deadline date to be considered.
- Please print neatly and with dark ink or pencil.
- Complete **ALL** sections before submitting your application.
- **Sections 2-8** will be scored by the selection committee using a scoring rubric. The two student athletes receiving the highest score will be awarded the \$3,000.00 scholarship.
- Be sure that your high school counselor completes and signs part **8**. Your application will not be accepted without it.

1. PERSONAL INFORMATION

Applicant's Name: _____ Email: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Date of Birth: _____ Gender: _____

Mother/Guardian Name and Address:

Father/Guardian Name and Address:

Names and ages of brothers, sisters, dependents in school and/or attending college:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

College / University to Attend: _____ Major Course of Study: _____

2. FINANCIAL INFORMATION

Please supply anticipated educational expenses and funding sources for college attendance.

2a-EXPENSES

Tuition: _____ per year

Room & Board: _____ per year

Books: _____ per year

Other: _____ per year

2b-CONFIRMED FUNDING SOURCES

(Please circle one)

Scholarships/Grants: **Title** _____ \$ _____ per year **or** one-time payment

Scholarships/Grants: **Title** _____ \$ _____ per year **or** one-time payment

Scholarships/Grants: **Title** _____ \$ _____ per year **or** one-time payment

Loans: _____

Family Assistance: _____

Other: _____

2c-Please list any special considerations concerning your financial needs.

5. COMMUNITY INVOLVEMENT

Please list all community sports, volunteering, work experience, and other important services that you've been involved during your school years.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. LETTER of INTRODUCTION

Please submit a letter of introduction that gives us a clear picture of who you are as an individual.

7. LETTERS of RECOMMENDATION

Please submit two letters of recommendation from administrators, teachers, counselors, coaches, or others of your choosing.

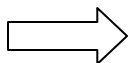
8. COUNSELOR SUPPLIED INFORMATION

This section is to be completed and signed by your high school guidance counselor.

Student's Name: _____ Class Standing / Size _____

G.P.A. _____ Graduation Date: _____ SAT _____ ACT _____

_____	_____	_____
Signature	Title	Date



_____	_____
Applicant's Signature	Date