

# 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.

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B. Please list all athletic activities in which you have participated in; please include 7<sup>th</sup>, and 8<sup>th</sup> 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.

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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

D. Applicant Essay

Write (do not type) a brief essay explaining what you learned from your CYO sports experience, and how this will make you better prepared for college (use this page only).

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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