

**BLACKFORD BRUIN BOOSTERS
ATHLETIC SCHOLARSHIP APPLICATION**

Please return completed application to Guidance Office before May 2, 2014.

Name _____ Social Security No. _____

Address _____

Telephone Number _____ Date of Birth: _____

Parent's Names _____ Bruin Booster Member? Yes No

Is Applicant a member of Bruin Student Booster Club? Yes No

List activities and involvement by yourself and your parents with the Booster Club: _____

Other family members residing in your household and ages: _____

Plan to attend: College/University _____ Vocational/Technical _____

Name & Location of Institution: _____

Post High School Educational Plans (list degree or area of study): _____

Sports Affiliations During High School (list years participated): _____

Athletic Honors Received: _____

Plans to participate in athletics post high school? If yes, list intentions: _____

Other High School Organization or Activity Participation: _____

Honors or Recognitions: _____

Activities and Organizations Outside of High School: _____

Community Service Involvement: _____

Briefly explain how you feel high school athletics have benefited you: _____

Please include two letters of recommendation with this application, preferably one from your coach and one other letter of recommendation from your choice.

Student's Signature _____

Parent's Signature _____

Dated _____