

EMERALD HIGH SCHOOL ATHLETIC BOOSTER CLUB SCHOLARSHIP APPLICATION SENIOR ATHLETES

STUDENT: (First Name)	(MI)	(Last Name)	
ADDRESS: Street	City	State	Zip Code
		SC	
ACADEMICS: Overall GPA (UGS) _____		EHS Guidance Counselor's Signature _____	
ATHLETICS			
	Sport	Years of Participation	
A.			
B.			
C.			
D.			
_____ Athletic Director's Signature			
SPECIAL AWARDS AND RECOGNITIONS			
A.			
B.			
C.			
D.			
EXTRA-CURRICULAR ACTIVITIES (School, Work, Memberships, Community, Church):			
A.			
B.			
C.			
D.			
EDUCATIONAL PLANS AFTER GRADUATION:			
ESSAY: What influence has EHS Athletics made in your life and how would this scholarship benefit you? (250 words or less on a separate page - maybe typed or handwritten)			

**RETURN COMPLETED APPLICATION TO THE EHS ATHLETIC DEPARTMENT BY
MAY 7th at 3:30 PM.**