

Date Received by Guidance Office _____

ROSSFORD ATHLETIC BOOSTER SCHOLARSHIP APPLICATION

SCHOLARSHIP DEADLINE: APRIL 17, 2020

Criteria: Participation in Rossford Athletics
Other School Activities
Community Service
GPA

The information requested in this application will be considered confidential.
Please attach additional sheets if necessary.

Please use ink or type

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

List Athletics you participated in

Grades (year) Participated

_____	_____
_____	_____
_____	_____
_____	_____

List School Activities and Clubs

Grades (year) Participated

_____	_____
_____	_____
_____	_____
_____	_____

Community Service: Please list contact information (name and phone number)

College you plan to attend: _____

Degree or Major Pursuing: _____

Please answer the following question:

How has playing sports at RHS helped you grow as an individual?

List any additional information:

GPA: _____ **Counselor's Initials:** _____ **Date:** _____

I hereby certify that the information provided on this application is, to the best of my knowledge, true and accurate.

Applicant's Signature: _____ Date: _____