

SCHOLARSHIP APPLICATION

Deadline for Submission to the Board: May 1, 2024

Camas Athletic Booster Club Please submit online form OR print out and send to: PO Box 710 - Camas, WA 98607

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 scores will be awarded the \$3,000 scholarship.
- Your high school counselor <u>MUST</u> complete and sign part **8**. Your application will not be accepted without it.
- Please include all references with your completed application.

1. PERSONAL INFORM	1ATION		
Applicant's Name:		Email:	
Home Address:			
City, State, Zip:			
Phone:			
Mother/Guardian Name	and Address:		
Father/Guardian Name a	nd Address:		
Names and ages of broth	ers, 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.

	<u>2a-</u>	EXPENSES		
	Tuition:	per year		
	Books:	per ye	ar	
	Other:	per ye	ar	
		FUNDING SOURCES	11 10430	circle one)
Scholarships/Grants:	Title	Ş	per year or	one-time payment
Scholarships/Grants:	Title	Ş	per year or	one-time payment
	Title	\$	per year or	<u>one-time payment</u>
Loans:				
-				
Other: .				
3. HIGH SCHOOL ATH				
Please list all high scl	nool sports played an	nd years lettered.		
SPORT		YEARS PLAYED		YEARS LETTERED
Please list all athletic	awards you've recei	ved. (Team Captai	n, All-League	, etc.)

4. SCHOOL ACTIVITIES Please list all school activities that you	have been involved with during high school (Class
officer, band, choir, clubs, others)	nave been involved with during high school (class
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5. COMMUNITY INVOLVEMENT	
Please list all community sports, volun services that you've been involved dur	teering, work experience, and other important ing your school years.
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6. LETTER OF INTRODUCTION Please submit a letter of introduction tindividual.	that gives us a clear picture of who you are as an
7. LETTERS OF RECOMMENDATION Please submit <u>two</u> letters of recomme	ndation from administrators, teachers, counselors,
coaches, or others of your choosing.	
8. COUNSELOR SUPPLIED INFORMATION	ON
This section is to be completed and sig	ned by your high school guidance counselor.
Student's Name:	Class Standing / Size

G.P.A	Graduation Date:	SAT	ACT
Signature	_	Title	Date
$\qquad \qquad \Longrightarrow \qquad \qquad$			
Applicant's Signature		Date	