

Attach Photo

Date Received: _____
By: _____

ST. CLAIR COUNTY SPORTS HALL OF FAME

LARRY E. BOTHWELL DREAM MAKER'S SCHOLARSHIP APPLICATION
(PLEASE PRINT OR TYPE ALL INFORMATION)

I. APPLICANT INFORMATION:

Name: _____
Title Last First Middle Nickname

Address: _____
Street City State Zip Code

Age: _____ Date of Birth: _____ Place of Birth _____

Telephone: Cell (____) _____ Home (____) _____

Name of Parents: _____

E-Mail Address: _____

Name of High School: _____

ACT/SAT Score: _____ Grade Point Average (GPA): _____

Class Ranking: _____ Year Graduated or Expected Date _____

College/University enrolled or planning to enroll:

II. SCHOOL INVOLVEMENT (Other Supporting Documents may be Attached):

A. SPORTS:

B. CLUBS:

C. OTHER SCHOOL ACTIVITIES:

III. COMMUNITY INVOLVEMENT (Other Supporting Documents May be Attached:

IV. CHURCH INVOLVEMENT (Other Supporting Documents May be Attached:

V. FUTURE EDUCATION PLANS:

VI. REASON FOR APPLYING FOR THIS SCHOLARSHIP:(Please use additional sheets)
