| Date | Received: | |
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| 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:

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| B. CLI | UBS: | = |
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| V. FUTURE EDUCATION PLANS: | | |
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| Mathematica | | |
| VI. | REASON FOR APPLYING FOR THIS SCHOLARSHIP: (Please use additional sheets) | |
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