

SARAH GRACE VANDEBERG
MEMORIAL ATHLETIC SCHOLARSHIP APPLICATION

Applications must be submitted to Zephyrhills High School by Friday April 30, 2021.

Name: _____ Date: _____

Address: _____

Telephone: _____ Date of Birth: _____

Grade Point Average: _____ SAT Score: _____ ACT Score: _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Name of College or University you plan to attend: _____

Have you been awarded a college athletic scholarship? Yes ___ No ___

If Yes, please describe details of scholarship awarded: _____

Have you been accepted: Yes No Area of Study: _____

List classes (Core classes) taken and semester grades:

Junior Year	Grade	Senior Year	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name: _____

Date: _____

Academic Awards and Honors

Dates

Scholastic Activities

Dates

Community Activities

Dates

Employment

Dates

Athletic Activities (List each sport)

Dates

Special Interests / Misc.

Dates

Name: _____ Date: _____

Describe yourself in terms of strengths, attitude, skills and past experiences, which may assist you to be successful in school.

Why do you feel you should be chosen for this scholarship?

Describe any unusual circumstances that may have affected your life

Future goals/plans

Additional Comments
