Back to scholarship page

Delaware County Athletic Hall of Fame Scholarship Application

NAME: _____
LAST FIRST MI

ADDRESS: _____PHONE: _____
STREET CITY ZIP

Social Security Number: _____-_____-_____ Birthdate: _____
Month/Day/Year

College you expect to attend _____

Have you applied? Y N Have you been accepted? Y N

College major or course of study _____

Father's Name _____ Mother's Name _____

Father's Occupation and place of employment _____

Mother's Occupation and place of employment _____

Total Annual Income: Father $_____ Mother $_____

Ages of Siblings _____ Name and Relationship of others who live in your home, if any:
_____

Names of immediate family members who attend college and where they attend:
_____

List amount and name of any financial awards/scholarships/gifts for which you have been notified of receiving: _____
_____

Applicants should attach a one page resume which addresses the information requested by Step Number One (1) of the Recipient Selection Process. Please note any special circumstances on the back of this sheet that should be brought to the attention of the scholarship committee.

Student's Signature _____Date _____

Parent's Signature _____Date _____

Hall of Fame Member _____Date _____

Class Rank ____/____ GPA ____/_____

SAT: Verbal_____ Math_____ Total_____ ACT Comp. _____

Counselor's Signature _____Date _____