

**HIGH SCHOOL SPORTS ASSOCIATION**

**COLLEGE SCHOLARSHIP**  
**Student Application Form**

**TO BE SUBMITTED TO THE CONFERENCE PRESIDENT ONLY**

<b>Weighted, Cumulative GPA (9-12)</b> _____	<b>Sport(s)</b> _____ _____ _____	<b>Varsity yrs.</b> _____ _____ _____
<b>Class Rank</b> _____		
<b>SAT Scores: Writing</b> _____ <b>Math</b> _____ <b>Reading</b> _____		
<b>Years at school</b> _____	_____ <b>Signature of Verification Counselor / Registrar</b>	

Student Name \_\_\_\_\_ Telephone \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Student email Address \_\_\_\_\_

High School Name \_\_\_\_\_ Principal \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ School Telephone \_\_\_\_\_

Conference Name \_\_\_\_\_

Name of Sport	Level V/JV	Years	Awards/Honors (Team and Individual)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please answer the following questions; use an attachment if more space is needed:**

List all school activities, other than athletics, that you participated in by class year.

9<sup>th</sup>: \_\_\_\_\_  
10<sup>th</sup>: \_\_\_\_\_  
11<sup>th</sup>: \_\_\_\_\_  
12<sup>th</sup>: \_\_\_\_\_  
\_\_\_\_\_

List all community activities, other than athletics, that you participated in by class year or show proof of 100 hours of volunteer work verified by a counselor.

9<sup>th</sup>: \_\_\_\_\_  
10<sup>th</sup>: \_\_\_\_\_  
11<sup>th</sup>: \_\_\_\_\_  
12<sup>th</sup>: \_\_\_\_\_  
\_\_\_\_\_

What has your participation in athletics taught you about your responsibilities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your future education goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you need a student loan in order to reach your educational goal? If yes, how much per school year?

\_\_\_\_\_

Please check the category nearest your family income.

<input type="checkbox"/> Below \$19,000	<input type="checkbox"/> \$20,000-30,000	<input type="checkbox"/> \$30,000-40,000
<input type="checkbox"/> \$40,000-50,000	<input type="checkbox"/> \$50,000-60,000	<input type="checkbox"/> \$60,000-70,000
<input type="checkbox"/> \$70,000-80,000	<input type="checkbox"/> \$80,000-90,000	<input type="checkbox"/> \$90,000-Above

Please list all scholarships or other monetary awards you will/have receive(d).

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Will you receive government aid (FAFSA, Cal Grant, Pell Grant, VA, other)? If yes, please list source and amount.

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What are your career goals?

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What college do you plan to attend?

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE: THIS SCHOLARSHIP OFFER IS VALID FOR ONE CALENDAR YEAR ONLY FROM THE DATE YOU RECEIVE THE SCHOLARSHIP AT THE SCHOLAR-ATHLETE BREAKFAST.**

**YOUR REQUEST FOR FUNDING THIS SCHOLARSHIP MUST BE RECEIVED BY THE HSSA ON OR BEFORE THE EXPIRATION DATE OF THE OFFER.**

**THE SCHOLARSHIP OFFER WILL AUTOMATICALLY TERMINATE AND NO NOTICE TO YOU IS REQUIRED; IT IS YOUR RESPONSIBILITY TO REQUEST FUNDING.**