

Tyjuan Hagler Foundation

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2015 Scholarship Application

Personal Data:

First Name: _____ Middle _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Contact Phone: () _____

Date of Birth: Mo. _____ Date: _____ Year: _____ Age: _____

SSN#: _____

Mother/Guardian Name: _____

Father's Name: _____

Please check any of the following that apply:

U. S. Citizen Male Female Student of a Single Parent

Education/Academic Achievement:

Name of high school now attending _____

Address: City _____ State: _____ Year: _____

Expected date of graduation: Month: _____ Date: _____ Year: _____

Class rank: _____ # in class: _____ GPA (on a 4.0 scale): _____

ACT composite score: _____ SAT combined score: _____

Name of 1st choice of College or University: _____

City: _____ State: _____ Zip: _____

Name of 2nd choice College or University: _____

City: _____ State: _____ Zip: _____

What course of study (major) will you pursue?

1st: _____ 2nd: _____