Join the Club...

words or less)

Welcome Volunteers

Support the Team

SUNNYSLOPE VIKINGS FOOTBALL GRIDIRON CLUB SCHOLARSHIP APPLICATION FORM

Please fill out completely and return with letter of recommendation by December 3, 2018 pursuant to the SVFGC Scholarship Application Guidelines. Incomplete applications and/or applications not signed and including the reference letter will not be considered.

Name	ne:Cell:	
Email	il: G.P	A
I am s	seeking a scholarship to attend:	
1.	1. Why is this educational opportunity valua limit to 500 words or less)	ble to you and worthy of a scholarship? (Please
2.	2. Why are you the best candidate to receive less)	e a scholarship? (Please limit to 500 words or
3.	Sunnyslope or about your football experi	You may write about your experience at ences in general. You may wish to talk about export and your coaches. (Please limit to 500)



Join the Club...

APPLICANTS SIGNATURE

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4. SVFGC Scholarship recipients should demonstrate leadership potential. What personal characteristics or experiences do you feel you have demonstrated or qualify you as a potential leader: (Please limit to 500 words or less)

Please get the recommendation of at least 3 teachers/coaches who work at Sunnyslope HS in addition to the letter of recommendation:

By signing my name below I am recommending this student for the SVFGC scholarship:

(Print Name) (Sign Name) (Date)

(Print Name) (Sign Name) (Date)

(Print Name) (Sign Name) (Date)

Please attach Letter of Recommendation (must be from a teacher-non football coach, community member, employer, etc.).

For questions contact Kevin Hanson at gridironclub@sunnyslopefootball.com or 602-810-1182

DATE