



BUHS ATHLETIC BOOSTER CLUB SENIOR SCHOLARSHIP APPLICATION



Return to Heather Harrison at the Guidance Office no later than 3/30/2018

(If we cannot read your application, it will be discarded.)

This award will be presented to FOUR graduates (usually two (2) male, and two (2) female) who plan to continue their education and have participated in sports at BUHS for at least three (3) years.)

The students should exhibit qualities encouraged by the BUHS Athletic Booster Club which include:

- Scholastic achievement
- Sportsmanship and
- Commitment to the BUHS community.

****If you have violated the BUHS athletic code of conduct during your time at BUHS, you are ineligible for this scholarship. ****

Name _____ Date of Birth _____

Address _____

Father's Name (and address if not same as student) _____

Occupation _____ Employed Where _____

Mother's Name (and address if not same as student) _____

Occupation _____ Employed Where _____

Names and ages of brothers/sisters living at home _____

Anticipated Major _____

Name of institution/s you are considering _____

What schools have you been accepted to? _____

High School GPA _____ Class Rank _____

Have you received any scholarships or grants? YES NO If yes, total \$ _____

Do you plan to be employed this summer? YES NO

If yes, expected earnings \$ _____

If no, explain why _____

What sports did you participate in and how many years in each, while at BUHS?

Give a brief description of why you deserve this scholarship

(If what we have provided for space is not enough, please attach your description to the application.)

Give a brief description of your involvement with the BUHS community.

For example: extracurricular programs at BUHS, outside programs/events that would directly affect BUHS.

(If what we have provided for space is not enough, please attach your description to the application.)

Student's signature

Parent's signature