APPLICATION

HACKENSACK TROAST CLUB ATHLETIC SCHOLARSHIP

NAME _____

ADDRESS _____

PATTER'S OCCUPATION & TITLE _____

MOTHER'S OCCUPATION & TITLE _____

DOES FAMILY: (A) OWN YOUR HOUSE ( )
<B) RENT <)

HOW MUCH MONEY HAVE YOU SAVED FOR YOUR EDUCATION? _____

ARE YOU WORKING NOW?_____ **IF SO, WHERE?** _____ _____
HOW MANY HOURS/WEEK? ___ _____

WHAT OTHER SCHOLARSHIPS HAVE YOU APPLIED FOR?
_____ _____
_____
_____

WHAT ATHLETIC INVOLVEMENT HAVE YOU HAD AT HHS?
_____
_____

WHAT ATHLETIC AWARDS OR ACHIEVEMENTS HAVE YOU OBTAINED?
_____
_____
_____

PLESAE ATTACH PERSONAL RECOMMENDATIONS FROM EACH OF THE FOLLOWING:

A TEACHER FROM THE HIBH SCHOOL; A COACH; AND A NON-RELATED ADULT FROM OUTSIDE THE SCHOOL SYSTEM. (PLEASE HAVE THEM INCLUDE NAME, ADDRESS fc PHONE NUMBER)

PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT TO DATE.

THE SCHOLARSHIP COMMITTEE MIL ARRANGE INTERVIEWS WITH ALL THE CANDIDATES.

COMPLETE THIS FORM AND RETURN TO MR. CRUSIUS.