



Delaware County Athletic Hall of Fame Scholarship Application Form

Name: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Birthdate: _____ Home Phone: _____ Cell Phone: _____
(Month/Date/Year)

Post Secondary School you plan to attend: _____

Have you applied to a post secondary school? Y N Have you been accepted? Y N

Anticipated major or course of study _____

Father's Name: _____ Mother's Name: _____

Father's Occupation and place of employment _____

Mother's Occupation and place of employment _____

Total Annual Income: Father: \$ _____ Mother: \$ _____

Name, age and relationship of others who live in your home, if any

Names of immediate family members who are attending college and where they attend

List the name and amount of any financial awards/scholarships/gifts for which you have notified of receiving.

Applicants should attach a one page narrative resume which addresses the **information listed in Step One of the Selection Process**. Please not any special circumstances on the back of sheet that should be brought to the attention of the Board of Directors.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Nominator's Signature _____ Date _____

Class Rank: ____/____ GPA: ____/____

SAT: Verbal _____ Math _____ Writing _____ Total _____ ACT Comp _____

Counselor' Name: _____

Counselor's Signature: _____ Date _____