



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 course of study _____

Father's name: _____ Mother's name: _____

The name of your relative who is a member of the Delaware County Athletic Hall of Fame:

Name (Printed): _____

Relationship: Son/Daughter Grandson/Granddaughter Nephew/Niece

Applicant should attach a one-page narrative resume that includes the required **information listed in Step One of the Selection Process.**

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Member/Survivor Signature _____ Date _____

Class Rank: _____/_____ GPA: _____/_____

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

Counselor's Name: _____

Counselor's Signature: _____