



### Delaware County Athletic Hall of Fame Scholarship Application Form

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email Address: \_\_\_\_\_

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

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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 \_\_\_\_\_

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Class Rank: \_\_\_\_\_/\_\_\_\_\_ GPA: \_\_\_\_\_/\_\_\_\_\_

SAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Total \_\_\_\_\_ ACT Comp \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_