

BAY COUNTY SPORTS HALL OF FAME SCHOLARSHIP APPLICATION FORM



PERSONAL INFORMATION (Type Please)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

SOCIAL SEC. NO. _____

MALE / FEMALE _____

DATE OF BIRTH _____

FATHER'S NAME _____

FATHER'S OCCUPATION _____

MOTHER'S NAME _____

MOTHER'S OCCUPATION _____

YOUR HIGH SCHOOL _____

COUNSELOR _____

DATES ATTENDED _____

COACHES _____

INTENDED OCCUPATION _____

SIGNATURES:

APPLICANT: _____

PARENT / GUARDIAN _____

Send Scholarship Application To: Bay County Sports Hall of Fame
Bay County Community Center, 800 JF Kennedy Dr., Bay City, MI 48706

ACTIVITIES, HONORS, AWARDS, SERVICES

List the extracurricular activities in which you have engaged OTHER than athletics.

List the athletic activities in which you have engaged and honors for ATHLETICS

TO BE COMPLETED BY APPLICANT'S SCHOOL PERSONNEL

1. GPA _____ GRADUATION DATE _____

2. SIGNATURE OF COACH _____

3. SIGNATURE OF PRINCIPAL _____

4. DATE _____ Affix High School Seal

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