

SHAWNEE MISSION SOUTH TRACK AND FIELD
SCHOLARSHIP APPLICATION

ATHLETE'S NAME: _____

ADDRESS: _____

**HOME
PHONE NUMBER:** _____

PARENTS NAME: _____

ADDRESS AND PHONE NUMBER IF DIFFERENT THAN ABOVE:

**ATHLETE'S PARENTS
ARE FULLY PAID MEMBERS OF THE BOOSTER CLUB: YES** ____ **NO** ____

ATHLETE'S TRACK OR FIELD EVENT(S): _____

ATHLETE'S ACADEMIC GRADEPOINT: _____ (check with counselor's office, if needed)

ATHLETE COMPETES ON: VARSITY ____ **JR. VARSITY** ____ **BOTH** ____

ESSAY IS ATTACHED TO THE APPLICATION: YES ____ **NO** ____

COACH'S OR COACHES SIGNATURE OF RECOMMENDATION:

Verifies that athlete participated in track and field events for three high school years (varsity and/or junior varsity).

APPLICATION IS NOT COMPLETE WITHOUT ALL THE ABOVE
ATTACHED TO IT.