



2017/2018 Greater Waco Chamber of Commerce Sport Luncheon Scholarship



Date: _____

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Tip Off Scholarship

Education

High School: _____ Phone: () _____

Head Coach: _____ Phone: () _____

Athletic Director: _____ Phone: () _____

Counselor: _____ Phone: () _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Activities, Leadership and Honors

Student Organizations and School Activities: _____

Attendance

Please Check One:

Ability to Attend Luncheon: **Yes** **No**

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in my disqualification.

Applicant's
Signature: _____

Date: _____

Parent/Guardian's
Signature: _____

Date: _____

Head Coach
Signature: _____

Date: _____

Remember to include the following with this application before turning in. Failure to do so will automatically keep you from being considered for the scholarship.

- Include ACT and/or SAT test scores, if possible. If not let us know when you are signed up to take the tests.
- Provide a copy of most up to date High School Transcript (REQUIRED).
- The completed application must be received by **September 8, 2017**.
- Please include a picture of yourself.

Greater Waco Chamber Sport Luncheon Scholarship
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