

# Troy Athens Athletic Booster Foundation

## Senior Scholarship Application

Must be presented to the Guidance Office for a date/time stamp prior to  
Application Deadline: **Friday, April 13, 2018 by 3:00 p.m.**

Please print clearly

Applicant's Name: \_\_\_\_\_  
Last First Middle

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

Email address (preferred) or phone number for any questions about application:  
\_\_\_\_\_

List any Parents/Guardians/Siblings that have earned Athletic Booster volunteer points that will benefit you: \_\_\_\_\_

Were your parents/guardians paid TAABF booster members by October 30<sup>th</sup> your junior & senior year?

Junior year: Yes \_\_\_\_\_ No \_\_\_\_\_

Senior year: Yes \_\_\_\_\_ No \_\_\_\_\_

Did the Parent/Guardian attend at least two complete Athens Athletic Booster meetings, between August and April, junior and senior year? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you/your parents/guardians earned at least the minimum of 30 points? Yes \_\_\_ No \_\_\_

Have you (student) earned at least 10 points of 30 point minimum? Yes \_\_\_\_\_ No \_\_\_\_\_

For concession stand lead parents only: Do you qualify for a lead grant? Yes \_\_\_ No \_\_\_\_\_

To qualify you need to have earned 8 lead points in addition to meeting senior scholarship requirements.

Name of lead: \_\_\_\_\_

Where do you plan to continue your education?  
\_\_\_\_\_

Are you eligible for athletic funding through your future school? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your grade point average at least a 2.0 (no transcript required)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Troy Athens Athletic Booster Foundation  
Senior Scholarship

To assure accuracy in determining eligibility for a Senior Scholarship, please provide the following information:

**Athens Athletic History**

Freshmen	Sophomore	Junior	Senior

Please list all your former and current students:

Full Name: <b>Please print clearly</b>	Graduation Year	Current Year:				Did this student receive a Senior Scholarship?	For Office Use Only:
		FR	SO	JR	SR		
<b>Graduated Students</b>							
John Doe	2016	NA	NA	NA	NA	YES	
		NA	NA	NA	NA		
		NA	NA	NA	NA		
<b>Current Students</b>							
Jane Doe	2020		x			NA	
						NA	
						NA	

Receipt of Scholarship Application  
Prior to Deadline: For Office Use

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Roseanne Sparbeck

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Please keep this portion of the application for your records.

Receipt of Scholarship Application

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Roseanne Sparbeck