

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 12, 2019 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 30th 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: _____

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

Receipt of Scholarship Application
Prior to Deadline: For Office Use

Name: _____

Date: _____ Time: _____

Roseanne Sparbeck

Please keep this portion of the application for your records.

Receipt of Scholarship Application

Name: _____

Date: _____ Time: _____

Roseanne Sparbeck