NEXT LEVEL

BECKER BASS TEAM SCHOLARSHIP APPLICATION

Form must be complete. Please type or print legibly

Date: _____

Scholarship applications must be received by June 1, 2024

÷	il.com or mail to (must be receive	d in PO Box by	[,] June 1, 2024)
Becker Bass Team			
P.O. Box 102 Becker, MN 55308			
Last Name:	First Name:		MI:
Address:	City:	State:	Zip Code:
Phone:	Email:		
Grade:			
How many team events (Tues/Th	ursday, SATT) have you or will you	u participate in	this season:
How many volunteer hours did or	r will you participate in this seasor	n:	
Do you plan to attend college: y	es / no / unsure		
Have you been accepted to a coll	ege: yes / no Have you declar	ed a major: y	/es / no / unsure
College:	Major:		
If not a state or private college lis	st career or trade and training enti	ity, license req	uirement, tool list, etc.:
goals. Talk about the impact the given back to the team, the com	s a little bit about yourself. Tell us bass team has had on you, what munity, and how this experience tach more sheets or attachments	"team" means and scholarsh	s to you, how you have

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