

WEWANNAPLAY, Inc.
JT RIDDLE SCHOLARSHIP PROGRAM APPLICATION

STUDENT NAME (first, middle, last): _____

STREET ADDRESS: _____

PRIMARY PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN NAME(S): _____

NAME OF HIGH SCHOOL CURRENTLY ATTENDING: _____

COLLEGE/UNIVERSITY/TECH SCHOOL ATTENDING IN FALL: _____

ADDRESS: _____

PHONE NUMBER OF FINANCIAL AID OFFICE: _____

MAJOR: _____

MINOR OR AREA(S) OF CONCENTRATION: _____

GPA (on a 4.0 scale): _____

ACT OR SAT SCORE: _____

ARE YOU A CITIZEN OF THE UNITED STATES: _____

IN WHAT KHSAA SANCATIONED SPORT(S) DO YOU PARTICIPATE? _____

Provide evidence of your school activity participation, community involvement, achievements, and leadership skills supporting your application:

SCHOOL ACTIVITIES: _____

COMMUNITY ACTIVITIES: _____

ACHIEVEMENTS, AWARDS, SIGNIFICANT HONORS RECEIVED: _____

LEADERSHIP ROLES AND OFFICES HELD: _____

Please attach the following:

1. High school transcript or school certification with GPA
2. Essay – minimum of 200 words/maximum of 500 words.
3. Two (2) letters of recommendations; one (1) from a coach; one (1) from a community member or administrator.

I have read and understand the conditions of the WEWANNAPLAY, Inc. JT Riddle Scholarship Program. I affirm that this application and attachments are true and accurate to the best of my knowledge and belief, and my own work. I give permission to the WEWANNAPLAY, Inc., to publicize my scholarship award if chosen as the recipient.

Applicant's Signature: _____ Date: _____

If under the age of 18, must be signed by a parent or guardian.

Parent or Guardian: _____ Date: _____

Send completed application to:

WEWANNAPLAYFRANKFORT@GMAIL.COM

or mail to:

WEWANNAPLAY, INC.
2975 Shadrick Ferry Rd
Frankfort, KY 40601