

**Dream Like Will Charities**

35 Jeffrey Wayne Dr.  
St. Peters, MO 63376

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[www.dreamlikewill.org](http://www.dreamlikewill.org)



## 2018 Coach G Memorial Scholarship Application

The 2018 Coach G Memorial Scholarship is available to any graduating student who has participated in the volleyball program at FHHS in any manner at any time during their time at FHHS. We will be awarding up to \$7000 in scholarships to deserving students based upon the applications submitted and the criteria set forth.

**Fill online or print legibly**

		<hr/>
		Date
<hr/>		<hr/>
Name (Last, first, middle initial)	Nickname (optional)	
<hr/>		<hr/>
Street address, City, ST, ZIP Code		
<hr/>		<hr/>
Primary Phone Number	Other Phone Number	Email address
<hr/>		<hr/>
Name of Parent(s) or Guardian(s)		
<hr/>		<hr/>
Parent or guardian phone number		
<hr/>		<hr/>
Guidance counselor	GPA	
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**I have applied to the following colleges/universities**

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**Capacity in which I participated in the volleyball program at FHHS:**

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**School Activities (grades 9-12)**

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**Community Activities (grades 9-12)**

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**Athletic activities (both school and community (grades9-12)**

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**Project:**

Being as creative as you would like, use any of the following: **an essay, a short story, a song or poem, an art interpretation, a video, a photograph**, etc. Choose a method with which you would be comfortable and that you feel would best describe your desires and needs concerning this scholarship. This project should convey why you would like/need to receive this scholarship and inform us how this scholarship will help you in accomplishing your goals for furthering your education. Submit your project along with this application.

**Other Requirements:**

- Your application should include one letter of recommendation from either a teacher, friend, coach, etc.
- All applications must be submitted by: April 22<sup>nd</sup> , 2018
- Send your application to: FHHS Guidance Office OR email to [Dreamlikewill@yahoo.com](mailto:Dreamlikewill@yahoo.com) OR snail mail to 1009 Emerald Dr. Moscow Mills, MO 63362
- Attach additional documentation, if applicable.

**For Administrative Use Only:**

_____	_____
	Date received
_____	_____
Preliminary review	Date
_____	_____
Submitted to committee	Date
_____	_____
Criteria Score	