Jacob William Edwards Foundation 2024 Athletic Scholarship Award

Middle Name:

First Name:

Last Name:

Mailing Address Street:	City, ST:	Zip Code:
Phone Number:	Email Address:	Date of Birth:
Name and location of high	school:	
List any academic benera	awards, and mambarship activiti	oo while in high cohool:
List any academic nonors,	awards, and membership activition	es wniie in nign schooi:
List any athletic honors, awards, and membership activities while in high school:		
List your hobbies outside	interests extracurricular activities	and school related volunteer activities:
List your hobbics, outside	interests, extraourneular activities	and school related volunteer delivities.
List your non-school spons	sored volunteer activities in the co	ommunity:
If you have decided on the	college you will attend, please lis	st the school name:
If not, list your top three (3		t the someon hame.
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Anticipated field of study:
Number of years of participation in Hightower Baseball or Softball:
Name and address of parent(s) or legal guardian(s): (Include address is different than your address)
Name(s):
Street:
City, ST Zip Code:
Phone number(s) of parent(s) or legal guardian(s):
Names/occupation of two references:
1.
2.
On a separate page, write an essay (at least 500 words) on the following topic:
What is your best memory from the time you spent on the Hightower Baseball or Softball team, and how has participating in sports shaped who you are today?
Statement of Accuracy for Students
I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture will be taken and posted on the Jacob William Edwards Foundation website and any promotional materials. I will also attend the Scholarship Presentation Ceremony at the Jacob's Swing Golf Tournament on Saturday, June 8, 2024.
I hereby understand that if chosen as a scholarship winner, it is my responsibility to submit proof of enrollment for the fall semester to my college or university to the Jacob William Edwards Foundation no later than September 30, 2024.
I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.
Signature of scholarship applicant Date