2020 SCHOLARSHIP APPLICATION FORM Mid-Nebraska Trapshooting Conference

Date

			-	
NAME OF SCHO	DLARSHIP:	Mic	I-Nebraska Traps	shooting Conference
Legal Name:	Last		First	Middle
				Cell #
Email address				
Number of Years Sl	hooting Comp	etition Trap: _	Team_	
Graduation Date: _			Sex:	_ Female Male
College / University	Enrolled In: _			
College Address (ci	ty/state):			
FAMILY:				
Father's Full Name:	:			
Home Address if Di	fferent From \	ours:		
Occupation: (Briefly	Describe)			

Please attach a one-page Narrative Explaining How Trap Shooting Has Made An Impact On Some Other Part Of Your Life.

Home Address if Different From Yours:

Occupation: (Briefly Describe)

Mother's Full Name: _____

Mail To: Mid-Nebraska Trapshooting Conference

JoAnne Paitz 42625 340th Road Ravenna, NE 68869

Brothers and Sisters and Their Ages:

Must Be Post Marked By: 04/8/20

or email to: paitzyjo@yahoo.com