

SOUTH SHORE SPORTSMAN CLUB SCHOLARSHIP APPLICATION

Please Print or Type

NAME	LAST			
	LAST	FIRST	MIDDLE	
AGE	BIRTH DATE			
ADDRESS				
PHONE		cecn		
EMAIL ———		$\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}$		
FATHER/GUARD	DIAN NAME			
MOTHER/GUAR	DIAN NAME			
	TO SSSC MEMBER (if ar			
LIST SSSC MEM	BER NAME(S)			
HIGH SCHOOL				
LOCATION	CITY			
	CITY	STATE	ZIP	
FIELD OF STUD	Υ			
COLLEGE/UNIV	ERSITY OF ENROLLME	NT		
LOCATION				
	CITY	STATE	ZIP	
CONTACT PERS	ON IN FIELD OF STUDY	,		
		NAME	PHONE	

This completed application must accompany the applicant's high school/college transcripts of the previous year/years, a short essay on applicant's vocation intention, a letter of recommendation on the applicant's academic and personal qualifications, a list of organizations/activities the applicant has participated in or held office/position within

South Shore Sportsman Club 5380 Club Island Rd Celina, OH 45822 (419) 268-2060 sssclub5380@gmail.com

SSSClub.org

