



60 KESTREL DR.
VOORHEES, NJ 08043

Supporting South Jersey Basketball Since 1962

APPLICATION FOR SCHOLARSHIP AWARD 2025

Please complete this application and return to:

Russ Winsett, Chairman
Scholarship Committee
coachwinsett@hotmail.com

PRINT OR TYPE:

LAST NAME		FIRST NAME		MIDDLE INITIAL	
STREET ADDRESS					
CITY			STATE	ZIP CODE	
TELEPHONE NUMBER		HIGH SCHOOL ATTENDED			

WHAT COLLEGE OR UNIVERSITY WILL YOU ATTEND?					
HAVE YOU RECEIVED ANY OTHER SCHOLARSHIPS?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, NAME		AMOUNT PER YEAR		NO. OF YEARS	

CERTIFICATION OF APPLICANT			
I believe that I qualify to compete for this Basketball Scholarship as indicated in the attached short essay			
APPLICANT (SIGNATURE)		DATE	

CERTIFICATION OF BASKETBALL COACH, GUIDANCE COUNSELOR AND SCHOOL PRINCIPAL			
I have examined this application and essay prepared by the applicant named and affirm it to be correct.			
BASKETBALL COACH (SIGNATURE)		DATE	
GUIDANCE COUNSELOR (SIGNATURE)		DATE	
SCHOOL PRINCIPAL (SIGNATURE)		DATE	

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Please write a short essay about yourself including your interests, scholastic and other achievements, community activities and any other information you feel would be of importance to the Scholarship Selection Committee in making their decision.

Please include a statement that indicates your need for scholarship assistance.

Print or type your essay on the front and back of this paper. Use an attachment if it is necessary.

PLEASE DO NOT INCLUDE YOUR NAME OR THE NAME OF YOUR HIGH SCHOOL WHEN WRITING YOUR ESSAY.
