

PRIDE SCHOLARSHIP APPLICATION

CONTACT INFORMATION

PLAYER NAME:			
HOME ADDRESS:	STREET	спу	ZIP CODE
CELL PHONE #:		EMAIL:	
ACADEMIC INFO	ORMATION		
HIGH SCHOOL:		GRAD DATE:	
CURRENT GPA:		TEST SCORES:	
COLLEGE/UNIVERSITY	YOU WILL BE ATTENDING:		
YOUR COLLEGE/UNIVE	ERSITY START DATE:		
LIST ACADEMIC HONG	ORS OR SCHOLARSHIPS RECEIVED:		
LIST OTHER SPORTS, (CLUBS, ACTIVITIES YOU WERE PART OF	F:	

FASTPITCH SOFTBALL INFORMATION

PLEASE NOTE THAT APPLICAL	LETE SEASONS YOU'VE PL NTS MUST HAVE PLAYED A MINIMUM				PITCH FOR CONSIDERATION.
LIST YOUR TRAVEL	SOFTBALL EXPERIENCE				
SEASON	TEAM			СОАСН	
					
DID YOU PLAY HIG	H SCHOOL SOFTBALL?	YES NO	VARSITY LET	TER WINNER?	YES NO
		CIRCLE ONE			CIRCLE ONE
REQUIRED ESS	SAY (PLEASE LIMIT T	O 2 PAGES	OR LESS)		
	N ESSAY EXPLAINING HO INCLUDE YOUR EXPERIE				
VERIFICATION	ı				
	E INFORMATION I HAVE THE BEST OF MY KNOW		THIS SCHOLARS	SHIP APPLICATI	ON IS BOTH TRUE
	PLAYER SIGNATURE	 			DATE
REFERENCE					
	R AN INTER-LAKES PRIDE CURRENT OR PAST) THAT				
	REFERENCE PRINTED NAME			-	CELL #

DEADLINE TO SUBMIT APPLICATION IS JULY 20th

ALL ENTRIES MUST BE SUBMITTED VIA EMAIL TO interlakespride@gmail.com