



Scholarship Application Form

(PLEASE PRINT CLEARLY)

Participant's Name: _____

Date of Birth: _____ Sport Desired: _____

Parent/Legal guardian name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Has participant received AAA Scholarship before: No _____ Yes _____

If yes, when: _____

Check all that apply to your situation:

Federal Welfare Recipient Free/Reduced School Meal Program
 Social Security Benefits Social Security Disability Benefits
 Other (identify): _____

Are you or spouse employed? Yes No
If yes what is your current yearly income? _____
(W-2 or Current/Previous year Tax return will be required)
How many Children live in your household? _____

In your own words, briefly explain why this applicant should be considered for scholarship assistance:

(continue on back of form if needed)

I _____ understand that as part of this process I will be required to have an in person interview with the scholarship panel at Archer. This application form does not guarantee scholarship award. Applicant will be required to show proof of any assistants received.

I _____ attest, to the best of my knowledge, that the information contained herein is accurate and truthful.

Legal Parent/Guardian/Caregiver
Signature: _____ Date _____