



JAMES E. TAYLOR HIGH SCHOOL ATHLETIC
BOOSTER CLUB SCHOLARSHIP 2017

APPLICANT NAME:

**SUBMIT THIS FORM WITH THE COMPLETED
APPLICATION AND TRANSCRIPT REQUEST FORM**

BY (OR BEFORE)

3/23/2017

TO THE REGISTRARS' OFFICE



*James E. Taylor High School
Athletic Booster Club
Scholarship 2017*

Student Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please complete the following information to be considered as a candidate.

1. Have you applied for admission to college? _____
2. Name of College: _____
3. Have you been accepted? _____
4. List your approximate grade point average? _____ (please attach official transcript)
5. Please list all high school sports in which you have participated and the years:

6. Please list high school activities and honors:

7. Please list community activities and honors:

8. Please list any information that you would like the selection committee to consider:

9. In your own words, please tell us why you would like to be considered. (you may use additional pages if required):

10. Are parents' members of the Taylor High School Athletic Booster Club? _____

11. Please sign this form below and have one of your parents sign also:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

DEADLINE TO APPLY IS

Thursday, March 23rd

Please turn in the completed application to the Registrars' office
by or before this date to be considered.