Dr. Robert Breedlove Memorial Athletic Scholarship Application

Full Name:_____

Address:_____
Street City ST Zip

Home Phone Number:_____

Father's Name:_____

Place of Employment:_____

Mother's Name:_____

Place of Employment:_____

Number of siblings attending college:_____

Name of college or university you are planning to attend:_____

List present extracurricular activities in which you have participated. Please indicate if you have held an office:_____

_____

List any community and/or church activities in which you have participated during high school:_____

_____

List any academic honors, awards or recognition you have received during high school:_____

_____

List the team sports and letters you have won while attending Kewanee High School:_____

_____

On an attached sheet of paper: (1) Please state in your own words why you want to further your education. (2) Please cite examples of how you demonstrated leadership, good sportsmanship, and concern for others while you were a student at Kewanee High School.

DUE MARCH 15
(or following Monday if date falls on a weekend)

RETURN TO GUIDANCE COUNSELOR'S OFFICE

(To be completed by high school guidance counselor)

Applicant's grade point average:_____

Applicant's class rank:_____**Class size:**_____

Signature:_____**Date:**_____