

APPLICATION FOR THE GCFCA SCHOLARSHIP

*****Applicants agree to compete during their freshman year on a university or college football team.**

Last Name _____ First Name _____

School _____ Date of Birth _____

Place of Birth _____ Graduation Date _____

Home Address _____ City _____ Zip _____

Father's Name _____ Mother's Name _____

Father's Occupation _____ Employer _____

Mother's Occupation _____ Employer _____

of Brothers _____ Ages _____ # of Sisters _____ Ages _____

High School Athletic Participation and Honors Won: Extra Activities

Out of School Activities, Organizations, and Projects:

Major Work Experiences:

Company _____ Type of Work _____

Length of Employment _____

College You Plan to Attend _____

Probable Occupational Choice _____

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High School Coach _____ School _____

Home Address _____ City _____

Zip _____ Home Phone _____

Coach's Recommendation:

Date _____ Coach's Signature _____

High School Principal _____

School Phone Number _____

Recommendation of Principal:

Date _____ Principal's Signature _____

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The following information is mandatory:

1. Class Rank _____ (as of January 2004) end of First Semester

2. Accum. Average _____ (as of January 2004) end of First Semester

Is this on a weighted scale? Yes _____ No _____

3. SAT or ACT Scores: SAT v _____ m _____ ACT Composite _____

Transcript must be included (as of January, 2004) end of First Semester

Date _____ Applicant's Signature _____

I have read and approved my son's/daughter's application.

Date _____ Parent's Signature _____

All information must be in by February 9, 2004.

Mail to:

Jim Ryan
Olmsted Falls High School
26939 Bagley Rd.
Olmsted Falls, OH 44138

School Fax- 440-427-6110