

THE MD HOOPMASTERS SCHOLARSHIP APPLICATION

APPLICATION DATE (mm/dd/yyyy): _____

HOOPMASTER OR LADY HOOPMASTER

Name: _____

Date of Birth: _____ Social Security Number _____

Address: _____

Phone: _____ Email Address _____

I have completed a full AAU season prior to my senior year in high school. _____

Expected Graduation Date: _____

Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____

SAT or other required test scores: _____

FAMILY INFORMATION (or Guardian if applicable)

	<u>Mother</u>	<u>Father</u>
Names:	_____	_____
Address(es):	_____	_____
Occupation:	_____	_____
Income:	_____	_____
Number of Children in Family and Ages:	_____	

EDUCATIONAL INSTITUTION

Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part. We require at least 75 hours of community service.
3. Please attach an essay on your dreams and aspirations and how you want to better yourself. The document format should be typed, double-spaced, and must be at least 250 words.

**The complete application package should be returned by April 15TH to
The Community Foundation of Carroll County, 255 Clifton Blvd. Suite 313, Westminster, MD 21157**

Please include all attachments for your application to be considered.

A Scholarship Fund of the Community Foundation of Carroll County, Inc.