

Scholarship Application

PLEASE PRINT OR TYPE

STUDENT'S COMPLETE NAME:

TELEPHONE NUMBER: HOME OR CELL (CHECK ONE)

ADDRESS:

PARENT NAME(S):

CUMULATIVE G.P.A. (SEMESTER AVERAGE, GRADES 9 THRU 12) (TRANSCRIPT REQUIRED)

SCHOOL ACTIVITIES AND OFFICES HELD:

COMMUNITY OR CHURCH ACTIVITIES:

HONORS OR SPECIAL RECOGNITIONS:

SCHOLARSHIPS AND/OR GRANTS APPLIED FOR:

On a **separate page**, please write a personal statement of at least one double-spaced typewritten page, indicating your educational and career aspirations; and also how shooting has impacted you.

Please **include at least two recommendations** from persons outside your family; coach, teacher, employer, neighbor, clergy, etc.

I hereby grant permission to the Scholarship Selection Committee to review and evaluate my school grades, recommendations and personal statement for consideration in awarding the scholarship.

Student's Signature and Date

Parent's Signature and Date

ALL QUESTIONS MUST BE COMPLETED WITH AN ANSWER OR N/A. THIS APPLICATION AND REQUIRED ATTACHMENTS MUST BE POSTMARKED NO LATER THAN JULY 15 AND MAILED TO CSRRA, P.O. BOX 754, NORTH HAVEN, CONNECTICUT 06473