



TRAPSHOOTING HALL OF FAME

Scholarship Application

Mail to:
 P.O. Box 519
 Sparta, IL 62286
 (618) 449-2224 Ext. 117

PERSONAL DATA

Name		Date of Birth		ATA #	
Home Address		City		State	Zip
Home Phone #	Cell Phone #		Email Address		
Father's Name (or Guardian)			Occupation		
Mother's Name (or Guardian)			Occupation		
Number of Family Members in Household	Names and Ages of Siblings				

EDUCATION AND ACADEMIC ACHIEVEMENTS

Name of High School		Location		Graduation Date	
College/University Choice			Major Subject of Study		
High School Grade Point Average	Class Rank	Number in Class	National Test Score	Test Type (SAT, ACT)	

LETTER of RECOMMENDATION (must be provided by one of the following: Guidance Counselor, State ATA Delegate, or Certified Instructor)

Name:	Title	Phone #
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SUPPLEMENTAL INFORMATION

List other scholarships, grants or loans you will receive	Amount
High School Activities (honors, class offices, community work, trapshooting awards, e (attach additional page if needed)	
Other Interests / Hobbies	
Describe any special circumstances that may affect your ability to pay for your college tuition.	

I certify that the information contained in this application is true to the best of my knowledge and that I have personally prepared the enclosed essay. I understand that if chosen as a scholarship winner, I must provide evidence of enrollment at a post-secondary institution before funds can be awarded.

Applicant's Signature _____ Date _____

DEADLINE: Application packages must be post marked on or before July 1.