

REGION 7 ATHLETE SCHOLARSHIP FUND, 2009 APPLICATION

APPLICANT'S NAME _____

AGE _____

HOME

ADDRESS _____

HOME PHONE NUMBER _____

CURRENT GYMNASTICS CLUB _____

CLUB ADDRESS _____

CLUB PHONE NUMBER _____

NUMBER OF YEARS COMPETING IN GYMNASTICS _____

CURRENT LEVEL OF COMPETITION _____

COACH(ES) _____

CURRENT HIGH SCHOOL _____

CITY IN WHICH H.S. IS LOCATED _____

CURRENT GPA (A minimum of 3.0 required) _____

OUTSIDE ACTIVITIES _____

Please include two brief recommendations:

ONE from a current gymnastics coach.

ONE additional recommendation from a non-family member, outside of gymnastics.

ALSO INCLUDE A BRIEF ESSAY ABOUT GYMNASTICS AND YOU.

Please fill out application form completely, and return together with recommendations to:

Lynn Perrott, Region 7 Scholarship Fund, 8642 Lucerne Road, Randallstown, MD 21133

APPLICATIONS MUST BE POSTMARKED ON OR BEFORE MARCH 30, 2009.