



SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

FULL NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ GENDER: _____

SCHOOL INFORMATION

SCHOOL NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ COUNSELOR NAME: _____

ACADEMIC INFORMATION

EXPECTED GRADUATION DATE: _____ UNWEIGHTED GPA: _____

EXTRACURRICULAR ACTIVITIES (SPORTS, CLUBS, ETC.): _____

PLANS FOR AFTER GRADUATION: _____



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PART 1: Provide a letter of recommendation from a teacher, coach, or community member. This person cannot be a relative or personal friend. The letter must be signed and in a sealed envelope.

PART 2: Create a 3-5 minute video that introduces yourself and explains why you are applying for the Coop 4:13 Foundation Scholarship. Be memorable, personable, and honest. Email your video to Sharon Cooper at Coop413challenge@gmail.com **no later than Friday, April 3, 2020**. If the video is too large to upload, please upload to YouTube and email a link to your video.

Your scholarship application must be completed in full and turned in to your school's guidance counselor no later than Friday, April 3, 2020.