

doGOODthings, Inc. STUDENT ATHLETE BOOK SCHOLARSHIP APPLICATION

SECTION 1- APPLICANT INFORMATION

Name (Last, First, Middle)		Gender (Select One)	
		MALE	FEMALE
Permanent Address			
City	State/Province	Zip/Postal Code	
Telephone Number	Email Address		

SECTION 2- HIGH SCHOOL INFORMATION

School Name		Telephone Number	
Address			
City	County	State/Province	Zip/Postal Code
Varsity Sport(s) and # of years of service:			
Extracurricular Activities and # of years or hours of service:			
Volunteer and Community Activities and # of years or hours of service:			
Athletic Awards and Leadership Positions:			
Academic Awards and Leadership Positions:			

SECTION 3- POST SECONDARY SCHOOL INFORMATION

Name of the Post Secondary School You Plan to Attend (if unknown, list first preference)		Intended Major (if unknown, list first preference)	
Address	City	State/Province	Zip/Postal Code
Intended Institution Type (select one): 4-year College Vocational / Technical Institution Community/Junior College for associate's degree Community/Junior College to transfer for bachelor's degree			Enrollment Status (select one): Applied Accepted Enrolled

SECTION 4- STUDENT AFFIDAVIT

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. I understand that falsification of information may result in termination of any scholarship granted and that this application becomes the property of the doGOODthings, Inc Scholarship Program.

Applicant's Signature: _____ Date: _____
Parent's Signature (If applicant is under 18): _____ Date: _____