

TRACY HIGH SCHOOL
Tom Hawkins Basketball Scholarship 2026
\$500

First Name _____ Last Name _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone# () _____ Cell # () _____ DOB _____ Age _____ Sex M F

ACADEMIC INFORMATION:

Grade Point Average _____ Class Ranking or Standing _____

SAT Score: _____ ACT Score: _____

College or University you plan to attend _____

Major Course of Study you will pursue _____

APPLICANT'S FAMILY:

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Please list other children and dependents living at home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#Dependents in College _____

College expenses for year of application: Tuition \$ _____ Room/Board \$ _____

How much will your family contribute to your education? _____

Will you be applying for financial aid? Yes _____ No _____

Please describe any unusual financial circumstances: _____

If you are working now, how many hours per week? _____

Community Service:

Hobbies:

Sports Played:

Qualifications for nominee to apply include:

- **Graduating Senior**
- **Community Service Volunteer**
- **Basketball: Two or more years of high school basketball**
- **GPA of 2.5 or better**

**RETURN COMPLETED APPLICATION TO THE
CAREER CENTER A104 ON OR BEFORE
March 27, 2026**

(Applications will be forwarded to Susan and Joyce Hawkins)