

CAMPBELLSPORT SNO-COUGARS SNOWMOBILE CLUB
W2848 Century Dr.
Campbellsport, WI 53010

Scholarship Application

PERSONAL INFORMATION

Name of Applicant _____

Address _____ City _____

Phone Number _____ E-mail _____

Date of Birth _____ Age _____

Name of Your Snowmobile Club _____ AWSC ID# _____

Date of satisfactory completion safety course _____

Current Grade Point Average (GPA) _____

Anticipated Graduation Date _____ Please include 6-semester transcript.

Employer _____

FAMILY INFORMATION

Father's Name _____

Address _____

City _____ State _____

Employer _____ Occupation _____

Mother's Name _____

Address _____

City _____ State _____

Employer _____ Occupation _____

COLLEGE-Minimum 2 year course

College you plan on attending _____

City _____ State _____

Number of Semesters _____

Degree you are pursuing (if known) _____

How do you plan to finance your education? _____

SCHOOL EXTRA-CURRICULAR ACTIVITIES (List offices or positions held in organization, years of services, sports participation, honors & awards received, etc.)

PARTICIPATION IN COMMUNITY SERVICE/ACTIVITIES

SNOWMOBILE CLUB INVOLVEMENT (briefly describe your involvement in your club activities)
