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	
Addresss	
	State
Employer	Occupation
Mother's Name	
Address	
	State
	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?
<u>SCHOOL EXTRA-CURRICULAR ACTIVITIES</u> (List offices or positions held in organization, years of services, sports participation, honors & awards received, etc.)
sports participation, nonors & awards received, etc.,
PARTICIPATION IN COMMUNITY SERVICE/ACTIVITIES
- AIKTICII ATTOTA IIA COLAINA CALANTA SERVICE/ACTIVITIES
SNOWMOBILE CLUB INVOLVEMENT (briefly describe your involvement in your club activities)
SNOVINOBILE CLOB INVOLVEINENT (Briefly describe your involvement in your clab detivities)

BRIEFLY DESCRIBE WHAT SNOWMOBILING MEA	ANS TO ME
REASON WHY WE SHOULD CONSIDER YOU FOR	THIS SCHOLARSHIP
In addition to the completed application, please	submit two letters of recommendation from people other
than family or friends.	
Applicant Signature	Date