

MINNESOTA STATE ARCHERY ASSOCIATION APPLICATION FOR MSAA SCHOLARSHIP

1. Name of Applicant:

_____ (Last) (First) (Middle)

2. Address

_____ (Street Address) (City) (State) (Zip)

3. Sex: Male _____ Female _____ Citizenship: U.S. _____ Other _____
(Specify)

4. Date of Birth _____ Place of Birth: _____
(MM/DD/YY) (City and State)

5. Parents or Guardian: _____ (Father) (Mother)

6. Will graduate from: _____
(Name of High School)

7. List Brothers and Sisters: _____
(In Order of Oldest to Youngest)

8. Occupation of Father: _____
(Years of Service)

Mother: _____
(Years of Service)

9. Do you have any Other Scholarships? Yes ___ No ___ (If Yes, Specify: _____)

10. What is your favorite academic subject? Circle one: MATH, SCIENCE, SOCIAL STUDIES,
OTHER Specify Other: _____

11. What is your grade average for the past 3 years? _____

12. What extra curricular activities (School, Community, Church) have you participated in?

13. What is your objective in going to college? _____

14. Enclose a written resume. Include:

- How you started in archery and when,
- Your club affiliation (Local, State and National),
- Awards you have won,
- Top scores you have shot in various rounds,
- Your participation in MSAA tournaments this past year,
- Your future objectives in archery, and
- Do you hunt with a bow?

15. Write a paragraph revealing what you consider important basic facts to help a beginning archer.

16. With this scholarship, would you help promote archery in the future? Yes ___ No ___

If yes, How: _____

17. Have three people (Two of them teachers in your High School or Instructors in your college) write recommendations for you. Have them mailed by the writer to the MSAA Secretary.

(Name) (Address) (Phone)

18. List those colleges you are interested in attending in the order of your preference:

Have you applied for admission? Have you been accepted?

19. List any special honors you have won in or out of school. _____

20. Have you taken the:

a. Scholastic aptitude test (SAT) Yes ___ No ___
b. American college testing Program (ACT) Yes ___ No ___
c. Other:

(Name of Test)

21. How will your schooling be financed? Savings ___ Scholarship ___ Family ___ Part Time Work ___ Other _____

Date: _____ (Applicant's signature) _____
Date: _____ (Parents or Guardians signature) _____