

COACH SAFF Memorial Scholarship

Name: _____ Phone: _____
(Last) *(First)*

Address _____

FAFSA EFC _____ Class Rank _____ GPA _____ ACT _____

Please attach transcript and EFC

Extra-Curricular Activities

List any Offices Held

- 1.
- 2.
- 3.
- 4.
- 5.

Community Activities

- 1.
- 2.
- 3.
- 4.
- 5.

What College or University do you plan to attend?

What is your proposed area of study?