



**APPLICANT INFORMATION**

<b>Last Name</b>				<b>First Name</b>		<b>Initial</b>		<b>Age</b>	
<b>Street Address</b>						<b>Apartment Number</b>			
<b>City</b>			<b>State</b>			<b>Zip Code</b>			
<b>Mobile Phone Number</b>			<b>Home Phone Number</b>			<b>Email address</b>			
<b>School Name</b>									
<b>School Address</b>									
<b>Grade Point Average</b>			<b>Scale</b>		<b>Expected Graduation Date</b>				<b>(Official Use Only) Date Received</b>

List your athletic involvement below (What teams are you a part of?):

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**Awards Received (Athletic and scholastic):**

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**Outstanding Athletic Accomplishments (Records you have set, significant achievements or contributions to your team):**

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**Extracurricular Activities (Other than sports):**

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**Job Experience (Summer and/or afterschool):**

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**Community and Volunteer Services:**

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If you were to receive this scholarship, how would you use it?:

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Is there any other information about you that you would like the Committee to take into consideration?:

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Please submit **two letters of recommendation** and an **authorized transcript** with this application.

**DEADLINE:**

All completed applications and related materials must be submitted by

**May 31<sup>st</sup>, 2015**

Mail or deliver to:

**Metro SportsMed**

**263 7<sup>th</sup> Avenue, Suite 2A**

**Brooklyn, NY 11215**

**Attn: Scholarship Committee**

Please sign and date your application:

Signature

Date