

TRAPSHOOTING HALL OF FAME
P.O. BOX 519
SPARTA, IL 62286



CONTACT FOR INFORMATION:
618-449-2224 EXT. 117
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SCHOLARSHIP APPLICATION PERSONAL DATA

NAME		DATE OF BIRTH		SOCIAL SECURITY #	
HOME ADDRESS		CITY		STATE	ZIP
HOME PHONE #			ATA #		
CELL PHONE #			EMAIL ADDRESS		
FATHER'S NAME			FATHER'S OCCUPATION		
MOTHER'S NAME			MOTHER'S OCCUPATION		

EDUCATION AND ACADEMIC ACHIEVEMENTS

NAME OF HIGH SCHOOL		LOCATION		GRADUATION DATE	
COLLEGE/UNIVERSITY CHOICE			MAJOR SUBJECT OF STUDY		
HIGH SCHOOL GRADE POINT AVERAGE	CLASS RANK No. _____ of _____		NATIONAL TEST SCORE Score _____ Type _____		
HIGH SCHOOL GUIDANCE COUNSELOR	STATE ATA DELEGATE		CERTIFIED INSTRUCTOR		
PHONE #	PHONE #	PHONE #			
INCLUDED WITH THIS APPLICATION: Please check (these are required items)					
Grade Transcript _____ National Test Score _____ Letter of Recommendation _____ Essay of Need _____ ATA Trapshooting Records _____					

SUPPLEMENTAL INFORMATION

HIGH SCHOOL ACTIVITIES (HONORS, CLASS OFFICES, COMMUNITY WORK, TRAPSHOOTING AWARDS, ETC.)
OTHER INTERESTS / HOBBIES
OTHER INFORMATION RELATIVE TO THIS APPLICATION OR FINANCIAL NEED

I affirm that the information contained in this application is true to the best of my knowledge and that the enclosed essay of need was prepared by me.

Student Applicant Signature _____ Date _____

SCHOLARSHIP APPLICATIONS DUE TO THE HOF OFFICE BY JULY 1 OF THE STUDENT'S GRADUATING YEAR