



AMADOR YOUTH BASKETBALL SCHOLARSHIP APPLICATION

Criteria: Graduating High School Seniors

Mail to: Po Box 865 Ione, CA 95640

Name _____

Address _____

Cumulative grade point average _____ Rank in class _____

Are you related to any member of the Amador Youth Basketball Board?

Community and/or Church Activities you've participated in:

Offices held in School and Community Organizations:

Name of school you plan to attend _____

Your major field of study _____

Length of course _____

Career you plan to pursue _____

Essay: Why I deserve this scholarship (you may use the back of this sheet or a separate paper)