

**ASA STUDENT - ATHLETE SCHOLARSHIP**  
**BARBARA ARNOLD / STEEN / AUSSPRUNG MEMORIAL**

**APPLICATION FORM**

This two-page ASA Scholarship application must be typed. You will copy your completed application and submit the typed application and essay answer to the PHS Registrar/Guidance Department on or before the deadline specified by the Registrar. This Application Form may be downloaded from the Peotone Educational Foundation's website [www.peotoneeducationalfoundation.org](http://www.peotoneeducationalfoundation.org).

Your information will not be shared with anyone except the four-member scholarship judging committee and the Peotone Educational Foundation's Scholarship Committee.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Occupations: \_\_\_\_\_

Please check all that apply to you:

- Yes, I have received a PHS varsity letter.
- Yes, I have attended PHS for at least two consecutive school years.
- Yes, I will be graduating from PHS at the end of this school year.
- Yes, I did graduate from PHS at the end of this school year's **first** semester.
- Yes, I am a citizen of the United States of America.
- Yes, I am a legal immigrant to the United States of America.
- Yes, I understand that if I receive more than one-half of the tuition cost from a military, academic or athletic scholarship or any combination of the three, I will no longer qualify to receive this scholarship.**

Name and address of the not-for-profit accredited institutions to which you have applied for admission and have been accepted or which you plan to attend:

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

List your extra-curricular activities, honors, awards and community involvement during the past four years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Using a 12 pt. font, submit your typed essay answer with your printed legal name in the upper right-hand corner. Place your signature below your typed name and date your submission.

Please answer the following question using 400 or less words:

***What is one suggestion that you would recommend to the PHS Athletic Department that would enhance and give various teams the ability to compete at the next level; such as, achieving a winning season, being crowned the Conference Champions, attaining a level of State competition, etc.?***

If I am chosen as an ASA benefactor, I agree to allow the Peotone Educational Foundation to release my name, picture and attending institution's information to the local media.

Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_