

Julie M. Sadler Memorial Scholarship

Indiana Women's Flag Football League

SCHOLARSHIP APPLICATION

I. Applicant Name: _____
Last First Middle

Address: _____

City: _____ State _____ Zip Code _____

Gender: female

Home phone: _____ Cell phone: _____

Email: _____

II. Education:

A. High School

1. Name: _____

2. Address: _____

3. Date of attendance: from _____ to _____

4. Anticipated Graduation Date: _____ # in Class _____ Class Rank _____

5. All schools attended (9th – 12th grades) must be identified. Please provide a copy of your current high school transcript.

B. Planned Education:

1. What is your expected course of study? _____

2. When do you expect to complete the above level of education? _____

3. What is your career goal?

4. Institution for which you request scholarship assistance:

Name: _____

Address: _____

C. Post-Secondary:

1. Are you currently enrolled in a post-secondary educational institution?

- Yes
- No

If Yes; indicate Full time Part Time

2. Name of Institution: _____

3. Address: _____

4. Course of Study (Major/Minor): _____

5. Anticipated Date of graduation: _____

D. College Entrance Examinations:

Test Type Score Date

| Test Type | Score | Date |
|-----------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

III. Activities:

Respond to each item on this application according to the following instructions:

Member of Organization or Activity – State year and name

Honors and Awards – State year, name of organization and nature of honor/award

Offices and Positions of Leadership – State year, name of organizations, and office or position

A. Scholastic:

1. Member of Organization or Activity: _____

2. Honors and Awards: _____

3. Offices & Positions of Leadership: _____

B. Extracurricular (School Related):

1. Member of Organization or Activity: _____

2. Honors and Awards: _____

3. Offices & Positions of Leadership: _____

C. Civic (Non-School Related) :

1. Member of Organization or Activity: _____

2. Honors and Awards: _____

3. Offices & Positions of Leadership: _____

V. Post Secondary Athletic Plans

1. At what university are you considering pursuing an athletic career?

2. What sport(s)? _____

3. At what level?

NCAA Division 1

NCAA Division 2

NCAA Division 3

Other: _____

4. Have you received interest from the schools listed above? (copies of communications required)

Yes

No

5. Are you officially committed to a post-secondary school?

Yes

No

If Yes, what school? _____ (provide documentation)

How did you hear about this scholarship opportunity?

CERTIFICATION: I attest the information given in this application is true and correct. If requested, I will furnish documentation to verify any information included on this form and understand that failure to do so may result in the denial of the scholarship grant request. I understand that omissions or misstatements in my response to any questions may result in the disqualification of a scholarship grant and require the return of any grant monies awarded on the basis of this application.

Signature of Applicant

Date

Printed Name

Please mail completed application to:
ATTN: Indiana Women's Flag Football League
1167 Maruca Road
Shelocta, PA 15774