MINNESOTA STATE ARCHERY ASSOCIATION APPLICATION FOR MSAA SCHOLARSHIP

* 1. Name of Applicant:

(Last) (First) (Middle)

* 1. Address

(Street Address) (City) (State) (Zip)

* 1. Sex: Male Female Citizenship: U.S. Other

(Specify)

* 1. Date of Birth Place of Birth:

(MM/DD/YY) (City and State)

* 1. Parents or Guardian:

(Father) (Mother)

* 1. Will graduate from:

(Name of High School)

* 1. List Brothers and Sisters:

(In Order of Oldest to Youngest)

* 1. Occupation of Father:

(Years of Service)

Mother:

(Years of Service)

* 1. Do you have any Other Scholarships? Yes No (If Yes, Specify:
	2. What is your favorite academic subject? Circle one: MATH, SCIENCE, SOCIAL STUDIES, OTHER Specify Other:
	3. What is your grade average for the past 3 years?
	4. What extra curricular activities (School, Community, Church) have you participated in?
	5. What is your objective in going to college?
	6. Enclose a written resume. Include:
		1. How you started in archery and when,
		2. Your club affiliation (Local, State and National),
		3. Awards you have won,
		4. Top scores you have shot in various rounds,
		5. Your participation in MSAA tournaments this past year,
		6. Your future objectives in archery, and
		7. Do you hunt with a bow?
	7. Write a paragraph revealing what you consider important basic facts to help a beginning archer.
	8. With this scholarship, would you help promote archery in the future? Yes No

If yes, How:

* 1. Have three people (Two of them teachers in your High School or Instructors in your college) write recommendations for you. Have them mailed by the writer to the MSAA Secretary.

(Name) (Address) (Phone)

* 1. List those colleges you are interested in attending in the order of your preference:

Have you applied Have you

for admission? been accepted?

* 1. List any special honors you have won in or out of school.
	2. Have you taken the:
		1. Scholastic aptitude test (SAT) Yes No
		2. American college testing Program (ACT) Yes No
		3. Other:

(Name of Test)

* 1. How will your schooling be financed? Savings Scholarship Family Part Time Work Other

Date: (Applicant's signature)

Date: (Parents or Guardians signature)

Mail or email application to the MSAA Secretary, c/o Lori Dargatz 215 N. 22nd Ave. West Duluth, MN 55806 or secretary.msaa@mnarchery.org by June 15th. Include a recent photograph or snapshot.