

**SCHOLARSHIP APPLICATION FORM**  
SHELDON BOOSTERS  
**MIKE JOHNSON IRISH NIGHT OF GIVING SCHOLARSHIP**  
Application period is open from *March 16<sup>th</sup>-May 15<sup>th</sup>*

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently a senior at Sheldon High School? **YES**    **NO**

GPA (out of 4.0): \_\_\_\_\_

Clubs/Organizations: \_\_\_\_\_  
\_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_

List AP/IB classes: \_\_\_\_\_  
\_\_\_\_\_

Do you have a parent who is a Sheldon Boosters board member? **YES**    **NO**

Are you receiving free or reduced price school lunches? **YES**    **NO**

Please list any scholarships or financial aid you expect to receive next year (name and amount): \_\_\_\_\_  
\_\_\_\_\_

**Please attach the following:**

- A statement [approximately 50 words] indicating why you believe you would be a good candidate to receive this scholarship.
- An Official transcript.
- Recommendation Letter from Counselor

I certify that my answers are true and complete to the best of my knowledge.

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