



CIRCLE OF STARS GYMNASTICS INVITATIONAL 2017 Scholarship Application

Full Name: _____

Date of Birth: _____

Complete Address _____

Phone: () _____ Email: _____

Parent(s)/Guardian(s): _____

Address (if different than above): _____

Phone: () _____ Email: _____

Current Gymnastics Level: _____ USAG Number: _____

Gym Affiliation: _____ Coach: _____

City/State: _____ Phone: () _____

High School: _____ Grad Date: _____ GPA: _____

Complete Address: _____

Contact: _____ Phone: () _____

Extracurricular activities, clubs, honors/awards (during high school): _____

Community activities: _____

Anticipated College: _____ City/State: _____

Anticipated Entrance Date: _____ Major/Area of Study: _____

Recommendations

Teacher Reference : _____

School: _____ Subject: _____

Phone: () _____ Email: _____

Reference #2: _____

Relationship to Applicant: _____

Phone: () _____ Email: _____

I certify that the information in this Application is true and complete. I authorize DeVeau's Gymnastics Booster Club to verify information and contact schools and individuals referenced herein. I authorize DeVeau's Gymnastics Booster Club to report any amount awarded to me to any school/university as may be required by NCAA guidelines. I consent to the release of my name in the COS Invitational Program.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Mail to Jodi Beebe, COS Gymnastics Invitational Scholarship,
405 North 1000 East, Zionsville, Indiana 46077

Please be sure to include the following:

- _____ Completed application form
- _____ Official high school transcript indicating GPA and scale used
- _____ 2 letters of recommendation (at least one teacher)
- _____ A typed, double-spaced essay of 750 words or less (see website for description)

COMPLETED APPLICATIONS MUST BE RECEIVED BY DECEMBER 2, 2016

Incomplete Applications WILL NOT be Considered