

□ Scholarship Application

Return this form and 2 letters of recommendation to;
The SPORT Foundation
c/o Jim Winn
4444 Magnolia Avenue
Riverside, CA 92501

Scholarship Applying For: (please select one)		
<input type="checkbox"/> Rose & Frank Wolsztyniak	<input type="checkbox"/> Sports Medicine	<input type="checkbox"/> All-Star Classic

Name _____ High School _____

Age _____ Home Phone _____

Address _____ Social Security _____

College planning to attend: _____

High School G.P.A. _____

Graduation Date: _____

High School athletic and/or academic awards or honors: _____

Please give a brief statement how this scholarship will benefit you and your goals for college.
