

LAKELAND OFFICIALS ASSOCIATION

SCHOLARSHIPS FOR THE BENEFIT OF STUDENT ATHLETES

WAUKESHA COUNTY HIGH SCHOOLS

(PRINTED OR TYPED PREFERRED)

LAST NAME _____ **FIRST** _____ **M** _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ **HOME PH.** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

HIGH SCHOOL GRADUATING FROM _____ **CITY** _____

FATHER'S NAME _____ **MOTHER'S NAME** _____

MALE OR FEMALE _____ **CLASS RANK** _____ **CLASS SIZE** _____ **CUMM. GPA** _____

SPORTS PARTICIPATED:

FRESHMAN _____

SOPHOMORE _____

JUNIOR _____

SENIOR _____

OTHER SCHOOL ACTIVITIES & CLUBS INCLUDING OFFICES HELD:

COMMUNITY ACTIVITIES & VOLUNTEERING INCLUDING OFFICES HELD:

AWARDS AND MAERITS RECEIVED:

