

# Josh Houchins Memorial Scholarship Application

## Student-Athlete

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

School Name: \_\_\_\_\_ Graduation Date: \_\_/\_\_/\_\_

Applicant Address: \_\_\_\_\_

Applicant Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

College Name: \_\_\_\_\_ Date of Acceptance: \_\_/\_\_/\_\_

Planned field of study (Major): \_\_\_\_\_

**Please check which sports you have participated in during your high school career:**

- |  |                                   |  |                                     |
|--|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Football | <input type="checkbox"/> Softball        | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Golf     | <input type="checkbox"/> Swimming        | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis          | <input type="checkbox"/> Wrestling  |
| <input type="checkbox"/> Field Hockey  | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Track and Field |                                     |

**Please list other extra-curricular activities the student has participated in during his/her high school career.**

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**Please list any awards, special performances or any other information the applicant believes to be relevant.**

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\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
School Counselor Signature                      Date