



**Indian Trail HS & Academy  
Athletic Booster Club  
Student-Athlete Scholarship  
2017**

The Athletic Booster Club will award \$500 Student-Athlete Scholarships to one male and one female student-athlete who participated in an Indian Trail High School & Academy Varsity Program. The winners will be chosen at random from all completed and verified applications at the March Athletic Booster Club meeting.

**Scholarship Candidate Criteria and Supplemental Material Requirements:**

- Graduating senior in the year of application
- Varsity athlete who participated in a recognized Indian Trail High School & Academy sport(s)
- No category I, II, or III Code of Conduct violations
- Cumulative Un-weighted GPA of 3.0 or higher through the 7<sup>th</sup> semester
- Parent/guardian is a member of the Athletic Booster Club as of October 15 of Senior year
- Submit completed application form
- Submit official high school transcript
- Submit acceptance letter from post-secondary school of choice

Copies of the Athletic Booster Club Student-Athlete Scholarship Application are available at the Indian Trail High School & Academy Counseling Office and Career Center. Contact DJ Kaelber with any questions: [djkaelberplumbing@gmail.com](mailto:djkaelberplumbing@gmail.com)

Return completed application with transcript and letter to the Trail High School & Academy office by **Noon on February 28, 2017** to:

ITHS Athletic Booster Club Scholarship  
c/o Eric Corbett (Athletic Director)  
6800 60<sup>th</sup> Street  
Kenosha, WI 53142

Random selection is completed by writing each applicant's name on uniform disc, and drawn randomly by AD or his representative at the March Athletic Club Booster meeting. Scholarship will be presented at Convocation and Awards Ceremony.

Applications submitted after due date will not be accepted.



**Indian Trail HS & Academy School Athletic Booster Club  
Student-Athlete Scholarship Application  
2017**

*Please print or type*

NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CUMULATIVE UNWEIGHTED GPA: \_\_\_\_\_

POST-SECONDARY SCHOOL: \_\_\_\_\_

INTENDED FIELD OF STUDY: \_\_\_\_\_

LIST SPORT(S), LEVEL (e.g., freshman, Junior Varsity, Varsity), AND NAME OF COACH:

YEAR	SPORT	LEVEL	COACH
Freshman			
Sophomore			
Junior			
Senior			

*I hereby certify that all the information given to obtain this scholarship is accurate. I agree to comply with all rules and requirements the sponsor of this scholarship may stipulate.*

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_