

COACH MIKE EASTERWOOD  
MEMORIAL SCHOLARSHIP

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ARE YOU EMPLOYED \_\_\_\_\_ WHERE \_\_\_\_\_

EMPLOYER CONTACT INFO (IF APPLICABLE) \_\_\_\_\_

HOURS/WEEK \_\_\_\_\_

AWARDS/ SCHOLARSHIPS RECIEVED

Award/scholarship	year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ORGANIZATIONS YOU HAVE PARTICIPATED IN:

Organization	years	level of participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY DEMOGRAPHICS:

PARENT(S) NAME(S) \_\_\_\_\_

OCCUPATION(S) \_\_\_\_\_

SIBLINGS \_\_\_\_\_ HOW MANY \_\_\_\_\_

ARE ANY OF YOUR SIBLINGS ALSO GOING/ABOUT TO GO TO COLLEGE  
(PLEASE ELABORATE) \_\_\_\_\_

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YOUR EDUCATIONAL PLANS (please list what college, or other school you plan to attend)

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ANY SPECIAL CONSIDERATIONS WE NEED TO TAKE INTO CONSIDERATION  
THAT THIS APPLICATION HAS NOT LET YOU EXPRESS?

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**WHAT ARE YOUR GOALS IN LIFE?** What do you want to become? Where do you want to be in the next 10 years? Why?

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