

SOQUEL HIGH SCHOOL SCHOLAR ATHLETE APPLICATION

Please fill out in full for consideration. Upon completion give application to Athletic Director for verification.

NAME

GPA_____

ACADEMIC ACCOMPLISHMENTS

# OF YEARS	AWARDS REC'D
	# OF YEARS

If more room is required please use backside

WHAT ARE YOUR COLLEGE PLANS?

I declare the above information is accurate

Student Signature

The above has been verified by

Athletic Director

Date

Date



SOQUEL HIGH SCHOOL SCHOLAR ATHLETE APPLICATION COACH INPUT

Give this form to your coach so that we can have input of your skills on the court/field and within your team dynamics.

Please provide coach with an envelope to seal his response and staple to your application before turning in to the Athletic Director.

PLAYER NAME	
COACH NAME	SPORT

Dear Coach,

The above applicant is applying for the Soquel High Fund's Scholar Athlete Scholarship. Please rate the skills below on a scale of 1 to 5, 5 being the best. Your honest & timely answers would be sincerely appreciated. The student has been asked to provide you with an envelope to place your response in to seal for confidentiality.

Leadership skills on the field	Leadership skills with teammates
Sportsmanship during games	Sportsmanship during practice
Respect shown to coaches	Respect shown with officials
Respect show with teammates	Respect shown to underclassmen
Willingness to learn new skills	Willingness to help teammates learn
Optional comments	