

# **Claude E. Warren Athletic Scholarship**

*Sponsored by Harrisonburg Athletics*

## APPLICATION FORM

*(Please Print or Type)*

### Guidelines for the Scholarship:

- ◆ Amount of the Scholarship: \$500.00
- ◆ Scholarship funds must be used for tuition.
- ◆ Payment will be made only to the College/University.
- ◆ The Scholarship is to be used within two years of the applicant's completed high school senior year.
- ◆ Verification of acceptance in an accredited college must be provided before scholarship funds are awarded.

### Candidates must meet the following criteria:

- ◆ Must have participated (as a player, manager, trainer, etc.) in an athletic activity as a Senior in high school.
- ◆ Must demonstrate outstanding character, citizenship & academics within the High School.
- ◆ Must be a member of the current graduating class of Harrisonburg High School.
- ◆ Must be planning to enroll into a two or four year college.

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Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Parent(s) or Guardian: \_\_\_\_\_

College/University you plan to attend \_\_\_\_\_

High School Activities (Awards, Honors, Clubs, Services, etc.):

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High School Athletic participation (player/manager/trainer, etc.):

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### Instructions:

1. Please provide us with the following:  
    *Attach a transcript of your high school work.*  
    *List your athletic activities and years or participation.*  
    *In your own handwriting, please explain why you need this scholarship and give us some view of your future plans.*
  2. Have your guidance counselor or other high school official sign the certification statement.
  3. Sign Release of Information and have your Parent/Guardian sign and date.
  4. All applications are to be submitted to:  
    Harrisonburg High School Athletic Dept.  
    Harrisonburg High School  
    1001 Garbers Church Road  
    Harrisonburg, Virginia 22801  
    (540) 433-2651 or (540) 433-0450
  5. Must be received not later than: ***April 1 of the current school year***
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### High School Certification:

*As verified by the attached high school grade transcript, I hereby certify that the above named student has remained in good standing in all completed courses to date.*

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\_\_\_\_\_  
Name & Title of High School Official  
(Typed or Printed)

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\_\_\_\_\_  
Signature and Date

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### Authorization for Release/Exchange of Information:

*I authorize the Harrisonburg Athletic Department and the Harrisonburg Athletic Booster Club to obtain all necessary information to evaluate the application for scholarship as submitted to the Scholarship Committee*  
*AND I certify I will not receive a full academic or athletic scholarship.*

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\_\_\_\_\_  
Signature of Candidate

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\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature of Parent/Guardian

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\_\_\_\_\_  
Date

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