

**STEVEN M. ROTHBARD MEMORIAL SCHOLARSHIP  
APPLICATION**

**NAME OF APPLICANT:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

LIST THE SCHOOLS YOU HAVE ATTENDED: (Use additional lines as needed)

<b>TYPE OF SCHOOL</b>	<b>NAME OF SCHOOL</b>	<b>YEARS ATTENDED</b>
ELEMENTARY		
MIDDLE/JUNIOR HIGH		
HIGH SCHOOL		

LIST THE NAMES OF THE FOUR YEAR COLLEGES/UNIVERSITIES TO WHICH YOU HAVE APPLIED STARTING WITH YOUR FIRST CHOICE:

<b>COLLEGE/UNIVERSITY</b>	<b>Accepted</b>	<b>Rejected</b>	<b>Pending</b>

**PLEASE READ AND SIGN BELOW:**

I attest that to the best of my knowledge, all of the information provided in this application is true.  
I understand that all information provided may be confirmed with high school officials.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

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SCHOLASTIC ACHIEVEMENT**

**GRADE POINT AVERAGE:** \_\_\_\_\_ **AS OF (DATE):** \_\_\_\_\_  
**CLASS RANK:** \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

**SCHOLASTIC HONORS (Include honor societies, clubs, awards, etc):**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ACTIVITIES**

**LIST ALL YOUR EXTRA-CURRICULAR ACTIVITIES.** Include the amount of time and/or years you participated in each. Also indicate any leadership positions you have held.

ACTIVITY	YEARS OF PARTICIPATION

**LIST THE HIGH SCHOOL ATHLETIC OR MUSIC ACTIVITY THAT MAKES YOU ELIGIBLE FOR THIS SCHOLARSHIP (ONE ONLY):** \_\_\_\_\_

**LIST YEARS OF PARTICIPATION:** \_\_\_\_\_

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BRIEFLY ANSWER THE FOLLOWING QUESTIONS IN REFERENCE TO THE ATHLETIC OR MUSIC ACTIVITY LISTED ON THE BOTTOM OF THE PREVIOUS PAGE. (You may use additional paper, if necessary.)

- 1. HOW HAS YOUR PARTICIPATION IN THIS ATHLETIC OR MUSIC PROGRAM ENHANCED YOUR HIGH SCHOOL EXPERIENCE? YOU MAY INCLUDE HOW IT HAS IMPACTED YOU AS AN INDIVIDUAL AND/OR A GROUP MEMBER.**

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- 2. WHAT MOTIVATED YOU TO JOIN THIS ATHLETIC OR MUSIC PROGRAM?**

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- 3. BRIEFLY DESCRIBE YOUR MOST MEMORABLE EXPERIENCE AS A PARTICIPANT IN THIS ATHLETIC OR MUSIC PROGRAM.**

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CERTIFICATE OF QUALIFICATION**

**APPLICANT:** PLEASE FILL OUT THIS SECTION ONLY AND FORWARD THIS PAGE TO YOUR ATHLETIC COACH OR MUSIC PROGRAM DIRECTOR TO FILL OUT THE BOTTOM SECTION.

NAME OF APPLICANT: \_\_\_\_\_  
ATHLETIC OR MUSIC PROGRAM: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY PROGRAM DIRECTOR.**

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

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

BRIEFLY DESCRIBE THE ROLE(S) THE APPLICANT HAS MAINTAINED AS A PARTICIPANT IN THIS ACTIVITY (i.e. position on the team, instrument played etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST THE YEARS THAT THE APPLICANT HAS BEEN A PARTICIPANT UNDER YOUR DIRECTION \_\_\_\_\_

(OPTIONAL) PLEASE FEEL FREE TO COMMENT BRIEFLY ON HOW THE APPLICANT HAS PERFORMED AS A MEMBER OF THIS PROGRAM.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SIGN AND DATE BELOW:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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Please write a short essay to assist us in becoming acquainted with you as an individual – to help us understand your thoughts and feelings about experiences or issues that are important to you.