

Celilo Bowmen Archery

Scholarship Application

Please print of type and submit application to:

Celilo Bowmen Box 1255 The Dalles OR

Name _____ **Age** _____

1. Male Female

2. Social Security Number _____ - _____ - _____

3. Current grade _____ Year of Graduation _____

4. Grade or Quality Point Average _____ ACT score _____

5. Class Position (numerical position out of total number in grade or class) _____

6. College/University expected to attend _____

7. Has student been accepted to college/university yet? Yes No

8. Year and month studies expected to start _____

9. Major intended to pursue _____

10. Member of Oregon Bowhunters Yes No

11. Extra-curricular activities (clubs and organizations you belong to: use reverse side if necessary)

12. Hobbies/Interests

13. Archery activities (hunting, tournaments, awards, etc.)

Name _____

Address _____ City _____
State _____ Zip Code _____

High School or higher education institution attending, name and
address _____

Please attach or include any information you would like the scholarship committee to consider. Please

Include a picture. Application must be postmarked by Dec. 31st to be considered for following year.