



## AMADOR YOUTH BASKETBALL SCHOLARSHIP APPLICATION

Eligibility:

Graduating High School Seniors From Amador, Argonaut or Independence

Mail To:

P.O. Box 654  
Jackson, CA 95642

-Or-

Email To:

amadorcountyyouthbasketball@gmail.com

### Applicant Information

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

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

Cumulative GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Are you related to any member of the Amador Youth Basketball Board?

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How many years did you play on a team for Amador Youth Basketball?

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**How many years did you ref for the AYB Basketball program?**

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**Community and Church Activities:**

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**Offices Held in School and Community Organizations:**

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**Intended College/University:**

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**Major Field of Study:**

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**Length of Program:**

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**Planned Career Path:**

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**Essay:**

**Why I deserve this scholarship (You may continue on the back of this sheet or on a separate page):**

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Thank you for your application!