

EVERETT MEMORIAL SCHOLARSHIP

Scholarship Amount - \$500.00

This scholarship is in the memory of Gary Everett who taught and coached at Elgin High School from 1980-1994.

As a coach at Elgin High School, Coach Everett exemplified the spirit of Elgin Athletics. It is for this reason that family and friends have organized a scholarship for potential collegians honoring students who symbolize his pride in Elgin High School.

CRITERIA:

1. Graduating Senior
2. College-bound
3. Non-need based
4. Must have participated in one of the following sports: Football – Wrestling – Boys' Track & Field – Girls' Swimming – Softball – Girls' Track & Field

This scholarship will be awarded to the student who most exemplifies sportsmanship, dedication, and pride.

Note: Student must apply for this award to receive it. An interview with applicant may also be required if the Selection Committee so chooses.

DUE DATE: Monday, May 17, 2021 – Applications are to be returned to the Athletic Office. Presentation of scholarship winner will be at the Virtual Varsity Sports Awards.

EVERETT MEMORIAL SCHOLARSHIP APPLICATION

Full Name: _____

Address: _____

City: _____ Phone: _____

Date of Birth: _____

Father's Full Name: _____

Mother's Full Name: _____

Name/Ages of Brothers/Sisters: _____

University/College/Junior College to which you have applied:

Accepted?

List others (if any) on back of this form.

Proposed College Major: _____

What sports or activities do you plan to participate in at college?

List activities (both extra-curricular and community) that you have participated in during your years at Elgin High School. Indicate years for each.

List others (if any) on the back of this form.

Honors or Special Recognition while attending Elgin High School:

What other scholarships have you applied for? _____

Received? _____

Signatures of two (2) Elgin High School staff members who recommend you for this scholarship (Teacher – Coach – Counselor – Administrator, etc.)

1. _____

2. _____

Letter of Recommendation are also welcome and may be attached to this form.

Applicant Signature: _____

Date: _____

**RETURN APPLICATION TO PAUL PENNINGTON,
ATHLETIC DIRECTOR BY 5/10/19**