

SDCCA SCHOLARSHIP APPLICATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ TELEPHONE# _____

PARENTS/GUARDIANS NAME _____

NAME OF HIGH SCHOOL _____

NUMBER OF YEARS CHEERED SIDELINE _____ COMPETITIVE _____

HIGH SCHOOL PRINCIPAL _____ PHONE# _____

COLLEGE/UNIVERSITY/TECHNICAL SCHOOL YOU PLAN TO ATTEND

ANTICIPATED MAJOR _____

CAREER GOALS (please attach additional paper if necessary)

CHEERLEADING COACH _____

COACH'S SIGNATURE _____

COACH'S COMPLETE ADDRESS _____

COACH'S HOME PHONE NUMBER _____

COACH'S WORK PHONE _____