



**APPLICATION FOR THE OHIO HIGH SCHOOL
FOOTBALL COACHES ASSOCIATION SCHOLARSHIP**

Last Name _____ First Name _____

School _____ Date of Birth _____

Place of Birth _____ Graduation Date _____

Home Address _____ City _____ Zip _____

Other High Schools Attended _____

Father's Name _____ Mother's Name _____

Father's Occupation _____ Employer _____

Is your Father a member of the OHSFCA? _____

No. of Brothers _____ Ages _____ No. of Sisters _____ Ages _____

School Athletic Participation and Honors Won: Extra Activities

Out of School Activities, Organizations, and Projects:

Major Work Experiences:

Company _____ Type of Work _____

Length of Employment _____

College You Plan to Attend _____

Probable Occupational Choice _____

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Page 2

Sponsor Coach _____ School _____
Are you a member of The OHSFCA? _____

OHSFCA Region No. _____

Home Address _____ City _____ Zip _____

Home Phone _____

Date _____ Coach's Signature _____

High School Principal _____ School _____

Address _____ City _____ Zip _____

Phone Number _____

You must include a Letter of Recommendation from the Sponsoring Coach and Principal

The following information is mandatory:

1. Class Rank _____ end of First Semester of Senior Year
2. Accum. Average _____ end of First Semester of Senior Year
Is this on a weighted scale? Yes _____ No _____
3. SAT or ACT Scores: SAT v _____ m _____ ACT _____

Transcript or grades must be included as of January end of First Semester of Senior Year

Date _____ Principal's Signature _____

Date _____ Applicant's Signature _____

I have read and approved my son's/daughter's application.

Date _____ Parent's Signature _____

All information must be in by April 1 of the year of application. Please include a wallet-size photo. *****WITHOUT PICTURE APPLICATION IS INCOMPLETE*****

Mail to:

Phil Davis
Chesapeake High School
10181 County Road 1
Chesapeake, OH 45619
(740) 867-5958
(740) 867-3136 (FAX)