



Circle of Stars Gymnastics Invitational 2013 Scholarship Application

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Phone (with area code): _____ Email: _____

Parent(s)/Guardian(s): _____

Address (if different from above): _____

Phone (with area code): _____ Email: _____

Current Gymnastics Level: _____ USA Gymnastics #: _____

Gym Affiliation: _____ Coach: _____

Address: _____

Phone (with area code): _____ Email: _____

High school: _____

Address: _____

Phone (with area code): _____ Contact: _____ Graduation Date: _____

Extracurricular activities, offices, honors or awards: _____

Community activities: _____

Employment (after-school, summer): _____

COMPLETE ACTION MUST BE RECEIVED BY NOVEMBER 30, 2012