

Circle of Stars Gymnastics Invitational 2013 Scholarship Application

Full Name:		
	Social Security Number:	
Address:		
	Email:	
Parent(s)/Guardian(s):		
	Email:	
Current Gymnastics Level:	USA Gymnastics #:	
Gym Affiliation:	Coach:	
Address:		
Phone (with area code):	Email:	
High school:		
Phone (with area code): Contact	t: Graduation Date:	
Extracurricular activities, offices, honors or awards:		
Community activities:		
Employment (after-school, summer):		

Other scholarships or financial aid awarded:		
College / University anticipated to attend		
Address:		
	Contact:	
	Major/Area of Study:	
Do you plan to compete in NCAA gymnastics	? (not required for scholarship)	
CONTACT FOR LETTERS	OF RECOMMENDATION (at least one teacher)	
Teacher Reference:		
	Subject:	
	Email:	
Reference #2:		
	Email:	
Committee to verify such information and COS Scholarship committee to report any ar	olication is true and complete. I authorize the COS Scholarship contact schools and individuals referenced herein. I authorize the mount awarded to me to any school/university as may be required to form of the COS Invitational Program.	
Signature of Applicant:	Date:	
Parent/Guardian Signature:		
Mail to: C. Jacobson Circle of Stars Gymnastics Invitational Scho 334 N. Senate Avenue Indianapolis IN 46204	CIRCLE STÅRS	
2 letters of recommendation	t indicating GPA and scale used	

COMPLETE ACTION MUST BE RECEIVED BY NOVEMBER 30, 2012