

SCHOLARSHIP APPLICATION FORM
Mid-Nebraska Trapshooting Conference

Date _____

NAME OF SCHOLARSHIP: Mid-Nebraska Trapshooting Conference

Legal Name: _____

Last

First

Middle

Home Address: _____

City: _____ Nebraska: _____ Zip: _____ Home #: _____

Number of Years Shooting Competition Trap: _____

Graduation Date: _____ College / University Enrolled In: _____

Sex: _____ Female _____ Male

FAMILY:

Father's Full Name: _____

Home Address if Different From Yours: _____

Occupation: (Briefly Describe) _____

Mother's Full Name: _____

Home Address if Different From Yours: _____

Occupation: (Briefly Describe) _____

Brothers and Sisters and Their Ages: _____

Please attach a one-page Narrative Explaining How Trap Shooting Has Made An Impact On Some Other Part Of Your Life.

Mail To: Mid-Nebraska Trapshooting Conference
Elaine de la Motte
225 S Hilltop Rd
Doniphan NE 68832

Must Be Post Marked By: 04/10/10