SCHOLARSHIP APPLICATION FORM
Mid-Nebraska Trapshooting Conference

Date_ _____ _____

NAME OF SCHOLARSHIP: **Mid-Nebraska Trapshooting Conference**

Legal Name: _____ _____
Last First Middle

Home Address: _____

City: _____State: _____Zip:_____ Home #: _____Cell #_____

Email address_____

Number of Years Shooting Competition Trap: _____Team_____

Graduation Date: _____ Sex: _____ Female _____ Male

College / University Enrolled In: _____

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: 04/01/12