

Dr. Eric Hughes Scholarship Application

Personal Data

Name _____ Phone _____

Birthdate _____

Parent's Address _____

City, State, Zip _____

Your School Address _____

City, State, Zip _____

High School _____ Year _____ GPA _____

College _____ Year _____ GPA _____

Major _____

Scholarship requested for (circle one) Autumn | Winter | Spring quarter Year _____

Income Information (past two calendar years)

	Student		Parents	
	Past year	Prev. year	Total annual gross income (before taxes or any other deductions)	Past year
Salary / Wages	_____	_____		_____
Loans	_____	_____	Number of IRS exemptions	_____
Scholarships	_____	_____	Number of children in college	_____
Other	_____	_____		
Total	_____	_____		

I affirm that all of the above is true and correct, and that all income is reported. I understand that this information will be not be disclosed to anyone other than the review panel, and will be used solely for determination of financial aid.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian, if applicant is under 18

_____ Date _____

Submit application by **MARCH 31** to:

Eli Richardson
elirichardson89@gmail.com
281-6270747

Questions

Please answer the following questions. Attach additional pages as needed.

1. What are your athletic accomplishments?
2. What are your athletic goals?
3. What are your academic and career goals?
4. Do you participate in any other activities?
5. Why would you attend and participate on the Washington Men's Gymnastics team?