

## Caleb Cares 4 Kids Scholarship Application

**Personal Data:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of birth: \_\_\_\_\_

High School: \_\_\_\_\_ GPA: \_\_\_\_\_

Current Grade (circle one)    HS Senior    College Undergraduate: Y1   Y2   Y3

**High School and/or College Activities:**

(Check those you were involved in and indicate the number of years active)

Activity	Time (in Years)	Advisor/Coach Signature	Activity	Time (in Years)	Advisor/Coach Signature
<input type="checkbox"/> Band			<input type="checkbox"/> Softball		
<input type="checkbox"/> Baseball			<input type="checkbox"/> Speech Team		
<input type="checkbox"/> Basketball			<input type="checkbox"/> Student Gov't.		
<input type="checkbox"/> Cheerleading			<input type="checkbox"/> Swimming		
<input type="checkbox"/> Choir			<input type="checkbox"/> Tennis		
<input type="checkbox"/> Class Office			<input type="checkbox"/> Theater Prod.		
<input type="checkbox"/> Cross Country			<input type="checkbox"/> Track		
<input type="checkbox"/> Dance Team			<input type="checkbox"/> Volleyball		
<input type="checkbox"/> FBLA			<input type="checkbox"/> Wrestling		
<input type="checkbox"/> FFA			<input type="checkbox"/> Yearbook		
<input type="checkbox"/> Football			<input type="checkbox"/> _____		
<input type="checkbox"/> Golf			<input type="checkbox"/> _____		
<input type="checkbox"/> Greek Life			<input type="checkbox"/> _____		
<input type="checkbox"/> Gymnastics			<input type="checkbox"/> _____		
<input type="checkbox"/> Hockey			<input type="checkbox"/> _____		
<input type="checkbox"/> Key Club			<input type="checkbox"/> _____		
<input type="checkbox"/> Lacrosse			<input type="checkbox"/> _____		
<input type="checkbox"/> Newspaper			<input type="checkbox"/> _____		
<input type="checkbox"/> NHS			<input type="checkbox"/> _____		
<input type="checkbox"/> Soccer			<input type="checkbox"/> _____		

**Community Involvement:** List activities including volunteering, organizations, and employment, with amount of time spent on each. Please also include advisor/coach/supervisor signature if possible. (Attach additional pages, if necessary.)

**Honors and Awards:**

**Please list the College(s) or University(ies) you attend or are considering attending:**

**College**

**City and State**

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**Briefly describe the field of study or major you plan to pursue and why.**

**Describe your qualifying medical condition, including age at diagnosis, and the effect it has had on your life. What challenges has it presented, and how have you overcome those challenges? What have you learned about yourself?** (Attach additional pages, if necessary.)

*\* Please provide a copy of your most recent high school or college transcript, two letters of recommendation, and physician's attestation to medical condition.*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent Signature (if applicant is under 18) \_\_\_\_\_

ALL APPLICATIONS MUST BE POSTMARKED BY MAY 20, 2023.

Mail to: Caleb Cares 4 Kids  
PO Box 8101  
Zanesville, OH 43702