

Spiketown Volleyball Club Scholarship Application

Personal information:

Name: _____

Address: _____

Phone: _____

Parents' Names: _____

Number of years playing for Spiketown: _____

Educational information:

GPA: _____

Future Plans:

Intended university: _____

Intended major: _____

Athletic Participation:

Sport	Years	Varsity Letter	Other Awards

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Other Extra-Curricular activities:

Activity	Years	Supervisor	Leadership/Office

Service:

List areas of service

Year	Activity	Who Benefitted

If you have more, just select your top 7 to list.

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Essay:

How has participating in Spiketown Volleyball Club impacted your life?

(Please type, double space and attach to the application)

Return Application by:

Email to Lori Dresbach - Lori.dresbach@sepanthers.org

Mail to Spiketown Volleyball Club, 40 S. Walnut Street, Unit 298, Chillicothe, Ohio 45601.

*******DEADLINE IS MAY 20, 2023*******