



# WASHINGTON STATE SKEET SCHOLARSIP FUND APPLICATION FORM

## “Shooters Aiming For Higher Education”

A copy of the WSSSF “Selection Criteria” and “Selection Process” must be received by the person making application with this application form. **Print or write clearly on this form.**

Name Of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Home Gun Club \_\_\_\_\_ Years as Member \_\_\_\_\_ NSSA # \_\_\_\_\_ WSSA # \_\_\_\_\_

Is the applicant (please check one) Shooter \_\_\_\_\_ Referee \_\_\_\_\_ or Qualify Under Both \_\_\_\_\_

Is applicant an Associate \_\_\_\_\_ or Licensed Referee \_\_\_\_\_ Please check one if applicable.

How long has the applicant been a resident of the state of Washington Years \_\_\_\_\_ Months \_\_\_\_\_

Year in (please check one) High School \_\_\_\_\_ or College \_\_\_\_\_ Year \_\_\_\_\_ Current GPA \_\_\_\_\_

Name of High School or College Attending \_\_\_\_\_ City \_\_\_\_\_

If in college list applicants high school graduating GPA \_\_\_\_\_

If a shooter has, the applicant shot at least 500 registered targets for three (3) years in Washington State Yes \_\_\_\_\_ No \_\_\_\_\_

If a referee, has applicant refereed for three (3) years in Washington State, refereeing a minimum of 2,000 targets per year Yes \_\_\_\_\_ No \_\_\_\_\_

Please list years and number of targets referee applicant has refereed:

Year \_\_\_\_\_ Targets Refereed \_\_\_\_\_

Year \_\_\_\_\_ Targets Refereed \_\_\_\_\_

Year \_\_\_\_\_ Targets Refereed \_\_\_\_\_

Year \_\_\_\_\_ Targets Refereed \_\_\_\_\_

Year \_\_\_\_\_ Targets Refereed \_\_\_\_\_

Year \_\_\_\_\_ Targets Refereed \_\_\_\_\_

If in High School has the applicant chosen a college or trade school Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of college or trade school \_\_\_\_\_

List other activities that the applicant is involved with outside of "Skeet".

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References (Please list name, relationship and phone numbers

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Any other information the applicant wishes to provide. In addition, please provide the following: Honors or special recognition while in high school or college/trade school. Skeet honors, teams best wins, etc. Other scholarships received. How do you plan to finance your college/trade school education.

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Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_
(Person Making Application) (Self, Farther, Mother, Friend, Etc) (Today's Date)

Phone Number of Person Making Application Days \_\_\_\_\_ Evenings \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Send all completed forms to: Washington State Skeet Scholarship Fund
19904 SE 300th St
Kent WA 98042-5924