



JERMON BUSHROD'S

Visualize & Rize Foundation Scholarship

Academic Year 2019/20 Scholarship Application

Jermon Bushrod's Visualize & Rize Foundation is offering a \$500.00 scholarship to two (2) Massaponax High School senior athletes who are furthering their education after graduation. To qualify for these scholarships the applicants must:

- 1. Presently be a senior (in good standing) and participated in an athletic program while in high school.**
- 2. Have been accepted at a trade school, vocational training or college after graduation.**
- 3. Turn-in a completed scholarship application, along with a copy of your college acceptance letter to the school guidance department no later than March 24, 2020.**

Last Name	First Name	Middle Name
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Present Address	Street	City	State	Zip
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Permanent Address	Street	City	State	Zip
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Home Phone Number	Last 4 of SSN
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Mobile Phone Number	Email Address
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FAMILY INFORMATION • Parent(s) or Guardian

_____	_____	_____	_____
Parent(s) or Guardian's Last Name	First Name	Middle Name	
_____	_____	_____	_____
Street Address	City	State	Zip

PERSONAL INFORMATION • Applicant

Male Date of Birth: _____
 Female Month/Day/Year

Current GPA: _____ SAT and/or other standard test scores: _____

Name of College you plan to attend: _____

Major: _____ Full time Student Part-time Student

Check only if you plan to continue playing sports in college.

College Student ID _____ (If scholarship is awarded, this information will be used to deposit funds into your college account)

ANSWER EACH QUESTION BELOW AND SUBMIT WITH APPLICATION

1. Briefly describe your financial need for this scholarship?
2. If you had the authority to change your community in a positive way, what specific changes would you make?
3. What advice would you offer a freshman student on managing both athletics and grades?

Instructions: Limit each answer to one typed page, double-spaced on standard size paper (8.5"x11"). Add full name at top right corner of each page.



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High School Sport

Years Participated

Awards Received

CERTIFICATIONS

ATHLETIC DIRECTOR

To the best of my knowledge, the information provided is complete and correct.

Athletic Director Signature

Date

PARENT OR GUARDIAN

To the best of my knowledge, the information provided is complete and correct.

Parent or Guardian Signature

Date

APPLICANT

I hereby acknowledge that the information submitted herewith is true and correct.

Applicant Signature

H.S. Student Number

Date