## Westmoreland County Coaches Association

Scholar-Athlete Award 2019 - 2020 School Year Application

Name of Applicant:					
	(Last)	(First)		(Middle)	
Home Address:					
	(Street)		(City)	(Zip Code)	
Email Address:					
Home Telephone:	High School:				
Parent/Guardian:					
	(Father/Guardian)		(	Mother/Guardian)	
Employer:					
. ,	(Father/Guardian)		1)	Mother/Guardian)	
Occupation:					
	(Father/Guardian)		(	Mother/Guardian)	
Salary/Wages					
	(Father/Guardian)		(1)	Mother/Guardian)	_
NOTE: Please attac	h copies of the most	recent Federal I	ncome Tax	Return	
	social security number if				
Brothers and Sisters (1	nclude ages and schoo	ls attended):			
Diothers and Sisters (I	nciuue ages anu schoo	is attenueuj.			
					_
School you plan to att	and:	Antici	nated Evns	nco.	
school you plan to att	end:	Antici	pateu Expe	iise	_
Accepted: (ye	es or no) Planned M	1ajor:			
List high school setime	ioc includina casasta (15	ttoro) olubo satist	tion office-	hold oto	
LIST NIBU SCUOOI ACTIVIT	ies including sports (le	iters), clubs, activi	ties, offices	neia, etc.:	
					_
					_
List activities outside o	of school including com	nmunity, voluntee	r, church, et	tc.:	
					_
Other types of assistar	nce you will receive (al	ready confirmed):			
· •	•				
					_
Other types of assista	nce for which you have	applied:			
	is in the second of the second	- F-F 2			
					_
***Recommended by	(Please Print/Sign)				
recommended by	1cusc :( 5.811)				

(Sponsor and active member of WCCA)