

**LOWER SOUTHAMPTON ATHLETIC ASSOCIATION  
ERIC HANSON MEMORIAL SCHOLARSHIP  
APPLICATION FORM**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Telephone: \_\_\_\_\_

List sports played in LSAA (GALS softball) and years participated:

\_\_\_\_\_  
\_\_\_\_\_

School sports or club sports (please list name(s) of sports and year(s) played):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

School Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Office telephone: \_\_\_\_\_

S.A.T. Scores: \_\_\_\_\_

Scholastic Average Junior Year: \_\_\_\_\_

Scholastic Average Senior Year First Semester \_\_\_\_\_

**Submit a copy of your High School transcript to include the first marking period of this year.**

Please list any scholarships already awarded:

\_\_\_\_\_

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Sports achievements for last four years: (A resume may be attached detailing information). List may include but not limited to items such as captain of a varsity team, referee/umpire for a youth organization, head coach of a youth organization). Documentation must be provided unless the service performed was for the LSAA. Documentation may be included in letter of recommendation.

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List academic honors, extracurricular activities, hobbies, employment and/or volunteer work performed in the last four years. Please provide any necessary documentation from valid sources, e.g., statement from the school as to membership in the National Honor Society or certificates of admission.

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References: Please list the three references (with phone numbers and/or email) that will provide your written recommendations. One should be a coach; one should be a teacher and the other is your choice (not a relative).

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The information that I have reported herein is true, correct and complete. I authorize the use of the information on this form by the Lower Southampton Athletic Association Scholarship Committee. I hereby certify that I have not received full scholarship from the college/university that I will be attending.

Applicant's signature: \_\_\_\_\_

Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_