



Personal Information

Please print legibly, using ink only, and fill in all the blanks

Last Name	First Name	Initial	Birth Day	Month	Year
Street Address	City/ Town		Postal Code		
Home Phone	Cell Phone		E-Mail Address		
School Name	Teacher Advisor		Coach		

Cheerleading Team Involvement

Total number of years involved in cheerleading	
What teams have you been involved with?	
Team 1	Number of Years
Team 2	Number of Years
Team 3	Number of Years
What, if any, leadership roles have you taken on your team?	
What do you feel you have contributed to you cheerleading team?	
Have you received any cheerleading awards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Award	When
Award	When
Award	When

Reference Information

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Applicant Name	School	
Reference Name	Relationship to Applicant	Years known
Phone	E-Mail Address	

Please fill out the following

	Top 5%	Top 10%	Top 25%	Other %	Unable to Judge
Attitude					
Dependability					
Leadership					
Teamwork					
Cooperation					

Please provide below, in full, a short statement about the candidate's personal, athletic and/or academic aptitude which would make him/her a good recipient of this scholarship. (attach additional pages if required)

Do you recommend this applicant for the Newfoundland and Labrador Cheerleading Athletics Scholarship?

Yes

No

Unsure

Signature	Date
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Please enclose this form in an envelope, sign across the seal and return to applicant.