



VIRGINIA DISTRICT AAU BASKETBALL 2012 SCHOLARSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SEX: (M) (F) DATE OF BIRTH: _____ HOME PHONE: (____) _____

HIGH SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

GUIDANCE COUNSELOR: _____

HAVE YOU ALREADY BEEN ACCEPTED TO A FOUR YEAR COLLEGE, JUNIOR COLLEGE OR TRADE SCHOOL: _____

IF YES, PLEASE LIST THE INSTITUTION NAME: _____

WHICH YEAR(s) DID YOU PARTICIPATE: _____

WHICH AGE GROUP(s): (14U) (15U) (16U) (17U) (18U) (19U)

WHAT TEAM DID YOU PLAY FOR: _____

CITY REPRESENTED: _____

COACH'S NAME: _____

APPLICANT'S SIGNATURE: _____

- PLEASE ENCLOSE THE FOLLOWING WITH THIS APPLICATION:**
- 500 WORD ESSAY
 - LETTER OF RECOMMENDATION FROM HIGH SCHOOL GUIDANCE COUNSELOR
 - COPY OF YOUR HIGH SCHOOL TRANSCRIPT
 - LETTER OF RECOMMENDATION FROM A PERSON NOT RELATED TO YOU

MAIL APPLICATION AND RELATED MATERIALS TO:
 VIRGINIA AAU BASKETBALL SCHOLARSHIP
 c/o JEREMY BULLOCK
 11801 BERWICK COURT
 FREDERICKSBURG, VA 22408