



AMERICAN
SOKOL
WASHINGTON, DC

A NON-PROFIT EDUCATIONAL AND PHYSICAL CULTURE ORGANIZATION

SCHOLARSHIP APPLICATION

Date: _____

Applicant's Name: _____ Date of Birth: _____

Applicants Address: _____

City: _____ State: _____ Zip Code: _____

E- Mail Address: _____

Telephone: _____ Cell: _____

School Name: _____ School Phone: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____

ADDITIONAL INFORMATION: (Attach additional sheet if more space is needed)

How are you, or how have you been, involved in Sokol Washington activities and how long have you participated in these activities?

Scholastic, extracurricular, and community service activities and work experiences in which you have been involved:

Awards or honors you have received: _____

College you plan to attend
(if not indicated above): _____