

Spokane Owls Athletic Booster Club



Scholarship Application

The Spokane Owls Athletic Booster Club will award two (2) \$500.00 scholarships to one qualifying female senior student athlete and one qualifying male senior student athlete. Scholarships will be awarded to assist students in pursuing further education after high school. The scholarship is in recognition of dedication, sportsmanship, leadership and academic achievement while attending Spokane High School.

Please return the completed application and the required documents to Mrs. Nash's office no later than the end of the school day, **Friday May 1st, 2026**. It is the responsibility of the applicant to ensure that all documents are complete and submitted by **Friday May 1st, 2026**.

Scholarship winners will be announced at the Owls of Excellence ceremony. Funds may be used for tuition, books and instructional materials and/or room and board on campus.

Qualification criteria for the scholarship are:

1. Athletic Participation – Applicant must be a senior at Spokane High School in good standing and have participated on an athletic team.
2. Academics – Applicant must be in good academic standing and have enough credit hours to graduate in May of the application year.
3. Higher Education – Applicant must plan to enroll in an institution of higher learning within 6 months of graduation from Spokane High School.

Documents required for the scholarship application:

1. Completed scholarship application
2. Current grade report
3. Student essay
4. One recommendation from a faculty member – additional may be submitted
5. One recommendation from a coach – additional may be submitted

Parent/Guardian and Applicant Signatures

I hereby authorize that the information provided in this application is true and correct. I authorize the review of this application by the Spokane Owls Athletic Booster Club, for the sole purpose of consideration for this scholarship award.

I understand that all information must be submitted to the Counselor's office by the Friday May 1st, 2026 deadline for the application to be considered.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

The scholarship review process will be confidential. Mrs. Nash will give the Booster Club a copy of all completed scholarship applications, documents and essays without applicant names to make the review process fair for all applicants.



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Student name: _____ M _____ F _____

Parent(s)/Guardian name: _____

Address: _____

Street or P.O. Box

City

State

Zip

Applicants email address: _____

Phone #: _____ Applicants date of birth: _____

GPA: _____ Class Rank: _____

College/Trade/Technical school planning to attend: _____

Major area of study _____

Have you been accepted? _____

Have you been awarded any other scholarships or financial aid? _____yes _____ no If
yes, please explain:



List all athletic and non-athletic activities you have participated in while at SHS.

[illegible]

List all extracurricular activities you have been involved with outside of school. This would include community, church, civic and charitable activities.

[illegible]



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Student Essay

Applicant – This scholarship is awarded to someone who has shown leadership as an athlete and who has balanced priorities by having academic success. Explain what good leadership looks like to you and give an example of a time you were able to demonstrate that leadership as an athlete. (Must be typed, double spaced and limited to 500 words or less.)



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Coach's Recommendation Form

Applicant's Name: _____

Coach's Name: _____ Sport: _____

Please return the completed form to the applicant in a sealed envelope.

Circle the most appropriate number (5 = highest and 1 = lowest)

Demonstrates leadership	5	4	3	2	1
Dedication to the team	5	4	3	2	1
Performs to the best of his/her ability	5	4	3	2	1
Sets a positive example for the team	5	4	3	2	1
Athlete is coachable	5	4	3	2	1
Exhibits good sportsmanship	5	4	3	2	1
Level of Intensity	5	4	3	2	1
Willing to work hard to improve	5	4	3	2	1

Additional comments:



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Faculty Recommendation Form

Applicant's Name: _____

Faculty's Name: _____

In what capacity do you know this student?

Please return the completed form to the applicant in a sealed envelope.

Circle the most appropriate number (5 = highest and 1 = lowest)

Demonstrates leadership	5	4	3	2	1
Dedication to the classroom learning environment	5	4	3	2	1
Performs to the best of his/her ability	5	4	3	2	1
Sets a positive example in the classroom	5	4	3	2	1
Student is willing to learn	5	4	3	2	1
Exhibits good citizenship	5	4	3	2	1
Level of intensity	5	4	3	2	1
Willing to work hard to improve	5	4	3	2	1

Please comment on this student's academic performance and why you would recommend him/her for this scholarship. Additional pages may be attached. **Please return to the applicant in a sealed envelope.**
