



## 2017 Scholarship Program Application

---

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

School:      Placer          Colfax          Class of:      2018      2019

Phone #: \_\_\_\_\_

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

---

	Low			Medium				High		
Current Fitness Level:	1	2	3	4	5	6	7	8	9	10
Current Nutrition Level:	1	2	3	4	5	6	7	8	9	10
Current Energy Level:	1	2	3	4	5	6	7	8	9	10

---

How often do you exercise or play sports now?: \_\_\_\_\_

\_\_\_\_\_

Do you have any health & fitness goals?: \_\_\_\_\_

\_\_\_\_\_

What are your plans after High School graduation?: \_\_\_\_\_

\_\_\_\_\_

What days & times will you likely come to the Club if you are accepted into the program?: \_\_\_\_\_

Can you pass a basic physical fitness test?:    Yes      Maybe      Maybe not

Any physical limitations that our staff should be aware of?:    No      Yes

-If yes, please describe: \_\_\_\_\_

---