## ALSTARZ CHEERLEADING ACADEMY SCHOLARSHIP APPLICATION

Applications due May 1
Winner will be announced at the Rodeo May 16
Attendance is HIGHLY recommended

## **COVER SHEET**

Name:	Age:	GPA:	Years @ ACA
Mailing Address:	Email:	Phone:	School:

Form #
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P.O. Box 1081 Larose, LA 70373 Gym: 985-693-7109 Fax: 985-798-5102

www.alstarzacademy.com staff@alstarzacademy.com

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Form #	Date Received:
	owing questions and use additional paper if needed.  1/extracurricular activities (4-H, band, etc.)
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What do you want to do	when you grow up & why?
What faith based activities	s are you involved? (VBS, Youth Camp, Bible Study, CCD, etc.)
What do was a sing doing	
What do you enjoy doing	gr (Family time, outdoors, etc)

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Explain wh	ıy we should aw	ard you this	scholarship	
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