



Region 2 Youth Scholarship Application

1. General Information:

Name: _____
(last) (first) (middle initial)

Date of Birth _____

Address:

(number & street) (city) (state) (zip)

Phone: _____
(home) (cell phone)

Email: _____

Region 2 Club Name:

_____ AHA# _____

Youth Advisor Contact Information:

1. Academic Information:
High School:

(name and complete address)

Your Grade Point Average: (GPA) _____

Date of Graduation _____

School you are planning to attend:

Career Objective:

Scholastic Honors and/or Achievements:

Extracurricular Activities You Have Been Involved In:

Agreement and Understanding:

Any application that is incomplete and/or submitted after _____ will not be considered for candidacy. I certify that the information I have given on this application is true and accurate to the best of my knowledge.

Applicant Signature: _____

Date_____

Parent/Guardian Signature: _____

Date_____

Date of Submission

Direct all questions to:

Joyce Schroeder - Director Region 2
18089 Sencillo Dr.
San Diego, CA 92128
Phone 1(858)673-4089
Joyce18089@sbcglobal.net