

ANDOVER VOLLEYBALL BOOSTER CLUB

Senior Scholarship Application

1. Complete the application and save.
2. Compose a letter to the Booster Board describing what participating in the Andover High School Volleyball Program has meant to you.
3. E-Mail both the application and the letter to constance.huberty@anoka.k12.mn.us

**Andover
Huskies
Volleyball**



Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone Number	
E-Mail Address	

High School Information

Year of graduation from Andover High School	
Years within the Andover Volleyball Program	

Higher Education Information

School year for Scholarship Request	
School Planning on Attending	
Expected Year of Degree	

Requirement Fulfillment (completed by Booster Club)

Did the applicant successfully fulfill the 30 hour initiative for each year in the Andover Volleyball program?	
Did the applicant complete the required letter to the booster club describing what the Andover Volleyball Program meant to them?	

Scoring (Rating is based on 1-5 with 5 being excellent)

Head Coach	
Booster Club President	
Booster Club Vice President	
Booster Club Secretary	
Booster Club Treasurer	
Total Score	