## **Zachary M. Tompkins Memorial Fund**

Athletic Scholarship Application

P.O. Box 323 Hudson, NH 03051

Name	Phone Number ()
Email	/ Date of Birth//
Primary Address (street, city, state, zip)	
How would you like to send in your High School Ti	ranscript?
☐ Attached to this form	
☐ Via email (scholarship@zacharytompkins.org)	
Academic Information	
Name of High School	Name of College/University for Scholarship
Address of High School	Intended Major
Personal References	
Name	Name
Phone Number ()	Phone Number ()
Relationship	Relationship

## **Athletic Information**

List all of the sports you have participated in at your current high school.
Personal Essay (please attach essay on seperate piece of lined paper)
Prompt: How has being a member of a varsity team impacted your life?
<u>Agreements</u>
$\square$ I agree that all information provided is true and factual.
$\square$ I have read and agree to the Terms and Conditions/Rules and Regulations of this contest*.
Signature Date/

<sup>\*</sup>Terms can be found at scholarship.zacharytompkins.org