



ROBIN NABLE WAGMAN
AGAINSTALLODDS
 SCHOLARSHIP FOUNDATION, INC

6 PINE FOREST DRIVE • HAINES CITY, FL 33844
 robinwagmanaao.org

SCHOLARSHIP APPLICATION FORM

Name _____ Social Security # or Student I.D. # _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ Varsity Sport(s) Played _____

Current High School _____ College attending in the fall _____

High School Graduation Date _____ Weighted High School GPA _____

Highest GPA available at your school _____ Employer _____

SAT Score _____ ACT Score _____ Supervisor _____

Current College _____ College GPA _____ Total Credit Hours _____

CAREER GOALS:

LEADERSHIP: List 3 important leadership accomplishments

1. _____

2. _____

3. _____

APPLICATIONS DUE BY THE 3RD FRIDAY OF MAY

STUDENT ESSAY

Recipients will be selected on the basis of their courage and perseverance in the face of hardship and adversity. On a separate page, write a one-page minimum typed essay describing the type of hardship and adversity you have overcome that makes you a deserving applicant for this award (other than financial need).

COUNSELOR/COACH RECOMMENDATION ESSAY

Recipients will be selected on the basis of their courage and perseverance in the face of hardship and adversity. On a separate page, please submit a short typed paragraph describing the type of hardship and adversity the student has overcome that qualifies them as a deserving applicant for this award (other than financial need).

SIGNATURE OF APPLICANT _____ **DATE** _____

RECOMMENDED BY _____ **DATE** _____

(Signature of Principal, Counselor, Athletic Director, Head Coach, Coach or Faculty member)