



WASHINGTON STATE SKEET SCHOLARSIP FUND APPLICATION FORM

“Shooters Aiming For Higher Education”

A copy of the WSSSF “Selection Criteria” and “Selection Process” must be received by the person making application with this application form. Print or write clearly on this form.

Name Of Applicant _____

Address _____ City _____ Zip _____

Phone Number (Home) _____ Cell _____ Other _____

Home Gun Club _____ Years as Member _____ NSSA # _____ WSSA # _____

Is the applicant (please check one) Shooter _____ Referee _____ or Qualify Under Both _____

Is applicant an Associate _____ or Licensed Referee _____ Please check one if applicable.

How long has the applicant been a resident of the state of Washington Years _____ Months _____

Year in (please check one) High School _____ or College _____ Year _____ Current GPA _____

Name of High School or College Attending _____ City _____

If in college list applicants high school graduating GPA _____

If a shooter has, the applicant shot at least 500 registered targets for three (3) years in Washington State Yes _____ No _____

If a referee, has applicant refereed for three (3) years in Washington State, refereeing a minimum of 2,000 targets per year Yes _____ No _____

Please list years and number of targets referee applicant has refereed:

Year _____ Targets Refereed _____

If in High School has the applicant chosen a college or trade school Yes _____ No _____

If yes, name of college or trade school _____

List other activities that the applicant is involved with outside of "Skeet".

References (Please list name, relationship and phone numbers)

Name _____ Relationship _____ Phone Number _____

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Name _____ Relationship _____ Phone Number _____

Any other information the applicant wishes to provide. In addition, please provide the following: Honors or special recognition while in high school or college/trade school. Skeet honors, teams best wins, etc. Other scholarships received. How do you plan to finance your college/trade school education.

Signed _____ Relationship _____ Date _____
(Person Making Application) (Self, Farther, Mother, Friend, Etc) (Today's Date)

Phone Number of Person Making Application Days Evenings

Cell Phone _____ E-mail Address _____

Send all completed forms to: Washington State Skeet Scholarship Fund

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19904 SE 300th St
Kent WA 98042-5924