

APPLICATION
BOB UFER MEMORIAL SCHOLARSHIP AWARD

NAME _____ HIGH SCHOOL _____

ADDRESS _____

CELL PHONE _____ E-MAIL _____

WHO IS BOB UFER?

TELL US ABOUT YOURSELF

I. ACADEMICS

- Cum. GPA through 7 semesters or 11 trimesters _____ SAT / ACT _____
- Advanced academic studies – i.e. AP Classes, Magnet, Health Sciences, etc.

II. HIGH SCHOOL ATHLETICS

Sport	Year(s)	9/JV/V	Awards/Honors
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How did participation in athletics influence your high school experience?

III. COMMUNITY SERVICE, VOLUNTEERISM

Non athletic activities at school or in the community

IV. PERSONAL

A. Family and / or personal circumstances which influence your need for financial assistance to attend the University of Michigan

B. Intended area of study at the University of Michigan

V. PERSONAL STATEMENT

Please attach a typed one page statement of your personal philosophy.

Signature _____ Date _____