
DALE GABOR SEATED ATHLETE Scholarship Application



Date of Application: _____

Complete form and submit to the OATCCC Scholarship Chairperson by May 10th.

Type or Print using blue or black ink.

(do not submit additional pages – anything additional will not be considered)

Applicant Information

Full Name	
Street Address	
City / State / Zip Code	
Phone	
Email	
Parent/Guardian Names	
High School	
Graduation Date	
Coached by	

What are your eventual post-high school academic/vocation goals?

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List academic, athletic, or other awards you have received over the past four years?

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**DALE GABOR
SEATED ATHLETE
Scholarship Application**



Applicant Name: _____

As a seated student-athlete, what was the most difficult obstacle you faced and how did you overcome it?

What would you consider your most significant contribution to your family, school, or community over the past four years?

Submit to the OATCCC Scholarship Chairperson by May 10th www.oatccc.com