



**American Community Mutual Insurance Company
Student-Athlete of the Month Scholarship Application**



Athlete's Name:		
Sport:		
Home Address:		
City:	State:	Zip Code:
Home Phone Number:		GPA:
School Name:		
School's Address:		
City:	State:	Zip Code:
School's Phone Number:		
Coach's/Athletic Director's Name:		
Coach's/Athletic Director's Phone Number:		

Description of Academic Achievement:

Description of Athletic Accomplishments: (statistics, MVP, honors, etc.)

Description of Extra-Curricular Activities:

Students' Plan upon Graduation from High School: (college, trade school, etc.)

Quote from the Coach/Athletic Director:
