



# RAPTOR ACTIVITIES BOOSTER CLUB

in support of  
**Silver Creek High School**

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STEPHANIE BOGRET-GOULD SCHOLARSHIP  
FOR SILVER CREEK HIGH SCHOOL GRADUATING SENIORS

- SPONSOR:** Stephanie Bogrett-Gould Scholarship
- AWARD AMOUNT:** \$1000
- ELIGIBILITY:** Any Senior scheduled to graduate this academic year
- SELECTION BASIS:** 100 maximum points scored as follows:
- |  |           |
|--|-----------|
| Volunteerism in your community                       | 40 points |
| School Clubs, Sports, Special Recognitions           | 25 points |
| A one page (single-spaced) essay:                    |           |
| Tell us about your volunteer experiences             | 25 points |
| Letter of recommendation from volunteer organization | 10 points |
- SELECTION BY:** Raptor Activities Booster Club Board
- FORMS:** The attached Application Form together with the essay.
- DEADLINE:** May 23, 2020
- CONTACT:** Submit your completed Application with all attachments to:  
Kaydene Hubert at [rabcpresident@gmail.com](mailto:rabcpresident@gmail.com)
- QUESTIONS:** Please contact RABC President, Kaydene Hubert with any questions.  
[rabcpresident@gmail.com](mailto:rabcpresident@gmail.com) 303-845-2290
- WINNER WILL BE CONTACTED BY A RABC BOARD MEMBER BY JUNE 6, 2020.**



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FULL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_ MALE: \_\_\_\_ FEMALE: \_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WHAT COLLEGE, UNIVERSITY OR TRADE SCHOOL DO YOU PLAN TO ATTEND:  
\_\_\_\_\_

HAVE YOU APPLIED: \_\_\_\_ HAVE YOU BEEN ACCEPTED: \_\_\_\_

WHAT IS YOUR INTENDED FIELD OF STUDY IN COLLEGE? \_\_\_\_\_

WHAT ARE YOUR CAREER GOALS? \_\_\_\_\_

HAVE YOU ATTACHED YOUR LETTER OF RECOMMENDATION? \_\_\_\_\_

HAVE YOU ATTACHED YOUR ONE PAGE, SINGLE SPACED, TYPEWRITTEN ESSAY? \_\_\_\_\_

FINISH THIS STATEMENT: MY FAVORITE THING ABOUT VOLUNTEERING IS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_