

Troy Athens Athletic Booster Foundation

SENIOR Scholarship Application - Class of 2026 Application Deadline: Monday, April 6, 2026

Please print clearly

Applicant's Name:		
Last	First	Middle
Address:		
Street Email address (preferred) or ph	Apt City none number for any questions abo	State Zip out this application:
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List any parents/guardians/sibli	ings who have earned TAAB volun	teer points for this applicant:
Have you met all of the requirer Requirements:	ments for earning a senior scholars	ship? Yes No
 A parent/guardian atten April, for both junior and 	rents/guardians/ high school age o	neetings, between August and
To qualify you must have earned at I volunteer points and other senior so	nts only: Do you qualify for a lead east 9 lead points from April 2025-April cholarship requirements listed above.	
Where do you plan to continue	your education?	
Are you eligible for athletic fun	ding through your future school?	Yes No
	verage at least a 2.0? Yes nseling office will verify applicant's GPA	
Student's Signature*:		Date:
Parent/Guardian Signature: *The senior scholarship check will be	e made out to the student unless other	Date: wise specified.
This section will be completed by	TAAB Grant/Scholarship Coordinate	or

Guidance office check student's GPA is at least 2.0

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To assure accuracy in determining eligibility for a senior scholarship, please provide the additional information:

Applicant's Athens Athletic History

Freshman Year	Sophomore Year	Junior Year	Senior Year

List all former and current AHS students in your family. Please print full name(s) neatly.

Graduated AHS Student Name(s)	Graduation Year	Did this student receive a TAAB Senior Scholarship?

Current AHS Student Name(s) (not including applicant)	Current Student's Grade	Graduation Year

Submit these forms to Kelly Egelski at taab.grants@gmail.com by Monday, April 6, 2026. NO LATE FORMS WILL BE ACCEPTED!