



2024

KWHA Scholarship Involvement Card

Name of Applicant: _____

Date: _____ Name of Event: _____

Below Information to be filled out by the Event Official.

Activity(s) Performed at the Event (Please be Specific).

Rating of Applicate *1 being lowest 5 being highest may provide additional comments if needed.*

Attitude: _____

Sportsmanship: _____

Helpfulness: _____

Title and Name of Event Official: _____

Signature of Event Official: _____