



2024

**KWHA SCHOLARSHIP INVOLMENT 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).

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

Attitude: \_\_\_\_\_

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Sportsmanship: \_\_\_\_\_

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Helpfulness: \_\_\_\_\_

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Title and Name of Event Official: \_\_\_\_\_

Signature of Event Official: \_\_\_\_\_