



# Scholarship Program Information

**Purpose:** To provide financial assistance to junior shooters attending college.

**Eligibility:** Members in good standing of the CSRRA entering their first year of college.

**Number of Awards:** Two shall be given (committee has the discretion to award additional scholarships if so determined). All questions on the application must be answered to be considered for such scholarship. Any unanswered questions will forfeit your application for consideration.

**Deadline:** April 1st.

**Applications shall be emailed**

**to:**

**[vp@thecsrra.org](mailto:vp@thecsrra.org)  
Scholarship Selection Committee**

***Selection of awardees shall be announced at the All State Banquet.***

**Selection Criteria:** All applicants will be evaluated on these important criteria:

1. Quality of their written essay
2. Scholastic Record
3. Recommendation
4. Shooting scores from local or national competitions

**Selection Committee:** Each year, the President shall appoint three persons, one of which who may be an at-large member of the CSRRA, to evaluate the applications and select qualified applicants.



**THE CONNECTICUT STATE RIFLE AND REVOLVER ASSOCIATION**

P.O. Box 754, North Haven, CT 06473



## Scholarship Application

**PLEASE PRINT OR TYPE**

STUDENT'S COMPLETE NAME:

TELEPHONE NUMBER: HOME OR CELL (CHECK ONE)

ADDRESS:

PARENT NAME(S):

CUMULATIVE GPA. (Grades 9 - first semester 12th) (TRANSCRIPT REQUIRED)

SCHOOL ACTIVITIES AND OFFICES HELD:

COMMUNITY OR CHURCH ACTIVITIES:

HONORS OR SPECIAL RECOGNITIONS:

SHOOTING ACHIEVEMENTS/SCORES:

On a **separate page**, please write a personal statement of at least one double-spaced typewritten page, indicating your educational and career aspirations; and also how shooting has impacted you.

Please **include at least one recommendation** from persons outside your family; can include coach, teacher, employer, neighbor, clergy, etc.

I hereby grant permission to the Scholarship Selection Committee to review and evaluate my school grades, recommendations and personal statement for consideration in awarding the scholarship.

Student's Signature and Date

Parent's Signature and Date

ALL QUESTIONS MUST BE COMPLETED WITH AN ANSWER OR N/A. THIS APPLICATION AND REQUIRED ATTACHMENTS MUST BE RECEIVED NO LATER THAN APRIL 1 AND EMAILED TO

[vp@thecsrra.org](mailto:vp@thecsrra.org)