



Name and address of parent or guardian with whom you live:

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(Name)

(Address)

Name of school you are presently enrolled and current grade point average. Attach a copy of your most recent grades:

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Name of school last attended if not currently in school and final grade point average:

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If you are now employed, state the name and address of your employer:

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(Name)

(Address)

Provide the name and address of all other employers for whom you have worked for the past year:

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(Name)

(Address)

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(Name)

(Address)

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(Name)

(Address)

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(Name)

(Address)

Do you intend to box in the Golden Gloves Tournament?

Yes \_\_\_ No \_\_\_

If you are awarded a scholarship by the Indiana Golden Gloves, when would you enroll in school?

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Where)

Have you and/or your parents applied for financial aid before?      Yes \_\_\_    No \_\_\_

Do you and/or your parents plan to apply for financial aid before the coming school year?      Yes \_\_\_    No \_\_\_

I am now boxing for the \_\_\_\_\_ Club of \_\_\_\_\_, and my  
coach is \_\_\_\_\_.      My coach's telephone number is \_\_\_\_\_.

\_\_\_\_\_  
(Signature of applicant)

I authorize the principle/dean of \_\_\_\_\_ High School/College to disclose  
my school records to an authorized representative of The Indiana Golden Gloves, Inc.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature – Parent or Guardian)

\_\_\_\_\_  
(Applicant)

Please return this application to:      The Indiana Golden Gloves Scholarship Committee  
6401 Oxbow Way, Indianapolis, IN 46220

If you have any questions, please call Rick Gilbert at (317) 265-1728.

