

**Super Student Athletes, Inc.**  
**APPLICATION**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Last

First

Middle

Home Address: \_\_\_\_\_

Number / Street

\_\_\_\_\_

City

State

Zip Code

Date of Birth: \_\_\_/\_\_\_/\_\_\_ E-mail: \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Parent(s) Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Parent (s) Email address \_\_\_\_\_

**ACADEMIC INFORMATION:**

Middle/High School: \_\_\_\_\_ Your classification: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Counselor: \_\_\_\_\_

**ELIGIBILITY REQUIRMENTS:**

1. Must be in Middle/High School
  
2. Must include personal statement addressing the applicant's:
  - Personal background
  - A statement on how student-athlete will benefit from SSA
  - How you will make a commitment to yourself and to the program
  
3. Have a minimum GPA of 2.0 or higher out of 4.0 (can have a higher GPA)

**REQUIRED:**

I authorize \_\_\_\_\_ school officials to give information about my child's academic, attendance and behavioral records to Super Student Athletes, Inc. Yes\_\_\_\_ No\_\_\_\_  
To the best of my knowledge, the information presented on this application and all attachments are complete and true.

\_\_\_\_\_  
Applicant Signature    Date

\_\_\_\_\_  
Parent/Guardian Signature    Date

Submissions without the required signatures will not be reviewed.