



The Booster Club of Smithtown

P.O. Box 166
Smithtown, New York 11787



A PARENT/GUARDIAN MUST BE A MEMBER OF THE SMITHTOWN BOOSTER CLUB IN ORDER TO APPLY

Student's Full Name: _____

School ID Number: _____

High School Attending: East _____ West _____

Parent or Guardian's Full Name:

Mother: _____

Father: _____

All completed applications must be mailed or dropped off at:

**Smithtown Athletic Office
26 New York Avenue, Unit 1
Smithtown, NY 11787**

**All applications must be submitted or postmarked by
May 10, 2024**

**Any application received or postmarked after this date will not
be accepted.**



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APPLICATION FOR BOOSTER CLUB SCHOLARSHIP

School ID Number: _____

Athletic Achievements: (Sport, awards, captain, other athletic recognition)

12th Grade:

11th Grade:

10th Grade:

9th Grade:

College/University Attending:

Future Plans:

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