

**HHS Athletic Booster Club
Athletic Excellence Scholarship Application**

Name: _____

Address: _____

Phone: _____ E-mail: _____

Date of Birth: _____ Graduation Date: _____

These scholarships are one-time grants, designed to assist students. The scholarships are intended to recognize outstanding graduating athletes at Huntingtown High School. Applicants will be evaluated on the basis of their athletic success, perseverance, dedication, sportsmanship and leadership. To be considered for a scholarship, a student must meet the following criteria:

1. **Athletic Participation.** Applicants must be a 12th-grade student in good standing at Huntingtown High School, who has participated, as an athlete, in at least one high school sport for a minimum of two full seasons. The applicant's athletic record will be verified by the Athletic Director's office **after** submission of the application.
2. **Booster Club Membership.** Student's parent/guardian must be a current member of the HHS Athletic Booster Club.
3. **Higher Education.** Students must plan to enroll in an institution of higher learning or the military within eight months of graduation from HHS. Such institutions include not only colleges and universities, but also technical and vocational schools and institutes.
4. **Financial Need.** Financial need is not a consideration.
5. **Application Form.** Students must complete and submit the application on the prescribed form to the Athletic Director **on or before April 20, 2021.**
6. **Recommendations.** One recommendation from a coach is required. The applicant must fill in his/her name and the name of his/her guidance counselor on the recommendation form before giving to each teacher/coach. Be sure to distribute the forms to the teacher/coach early enough so that he/she can complete their recommendation in a timely manner. **FORMS MUST BE RETURNED TO THE ATHLETIC DIRECTOR BY April 20, 2021.**

Provide the names of those who are providing references:

Coach: _____

7. **Interview.** The Scholarship Committee will set up interviews if needed. You will be contacted by the scholarship committee if an interview is required.

Family Information

Name of parent(s)/guardian(s): _____

Permanent address: _____

Phone: _____ E-mail: _____

List family members who are members of the HHS Athletic Booster Club:

College/University/Vocational School Information

School you plan to attend: _____

School address: _____

Have you been accepted? _____ If no, please explain _____

Cumulative Grade Point Average (as of the end of the 3rd quarter) _____

Guidance Counselor Signature

Date

*(Students are not responsible for obtaining this signature in order to complete the application.
Verification of the applicant's GPA is part of the review process.)*

Athletic Accomplishments

Please list all the teams you have participated with. Please include specific athletic accomplishments such as state championships, all-county awards, team awards, etc.

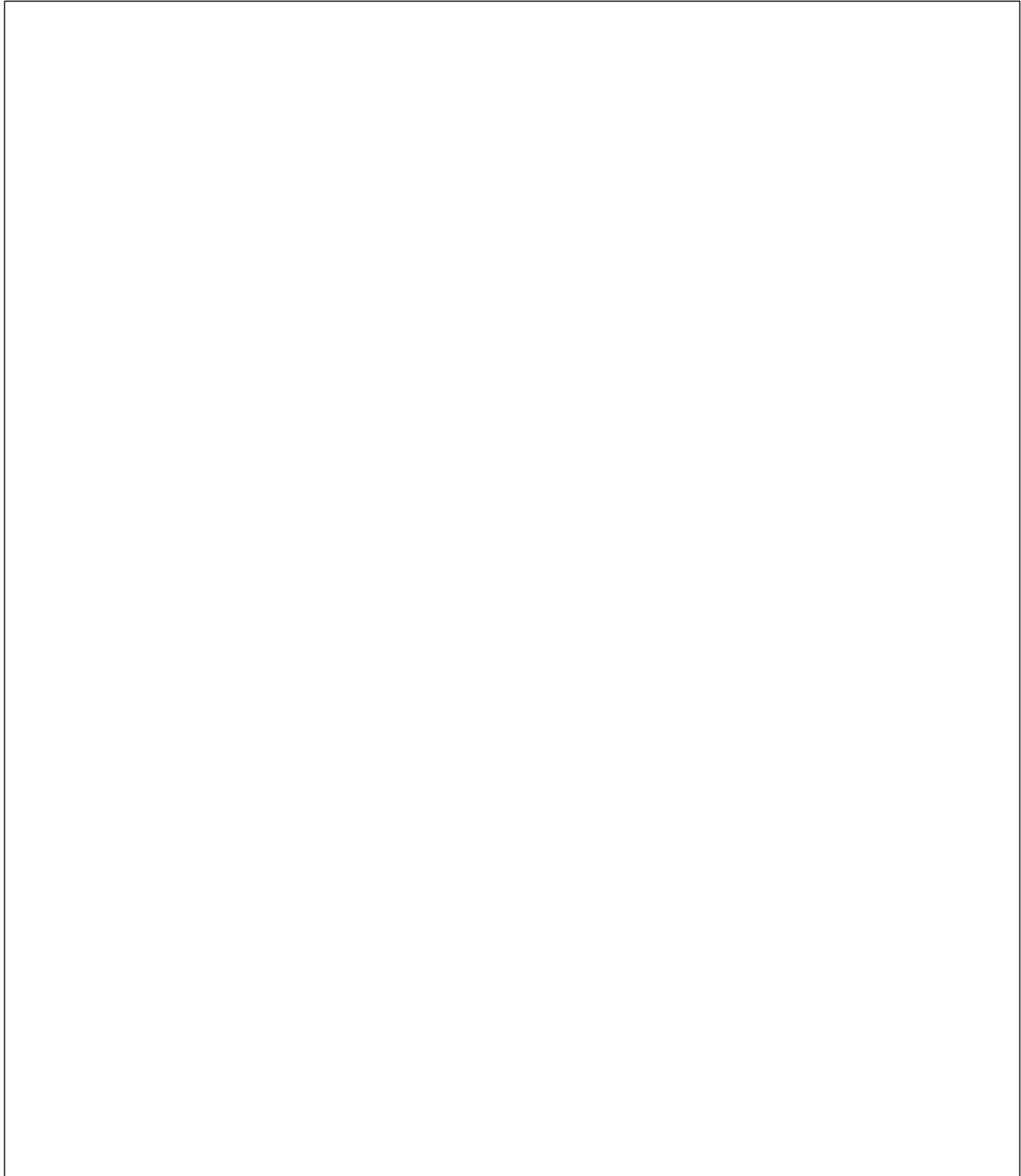
Athletic Director's Signature

Date

(Students are not responsible for obtaining this signature in order for the application to be complete. Verification of the applicant's athletic record is part of the review process.)

Applicant Essay

Write (or type and attach) a brief essay explaining the value of your participation in athletics to your overall high school experience and to your preparation for life behind high school.

A large, empty rectangular box with a thin black border, intended for the applicant to write their essay. The box occupies most of the page below the instructions.

Application Deadline is April 20, 2021

Scholarship winners will be announced at the Senior Awards Assembly. Each award will be made payable to the student and will be distributed by the HHS Financial Office upon proof of payment to an institution of higher learning (i.e. first tuition payment). In the event the selected student fails to enroll and commence attendance at a qualifying institution within eight months after graduation from HHS, the scholarship will be forfeited. Funds may be used for tuition, books and instructional materials, and/or on-campus room and board.

Parent/Guardian & Applicant Signatures

By signing below, I certify that I understand the criteria for the scholarship and submission deadlines for the application and recommendation forms.

I hereby authorize the review of all aspects of this application, including grade point information, by the HHS Athletic Booster Club Scholarship Committee for the sole purpose of consideration for this scholarship award. Furthermore, I acknowledge that the information provided herein is true and correct.

Parent/Guardian Signature

Date

Applicant's Signature

Date