

Fruit Belt Officials Association

Student Scholarship Application

Rules

- \$500 scholarships will be awarded to two area student-athletes.
- Each applicant must be a senior, have a 2.5 minimum GPA and be an athlete at one of our area schools (Berrien, Cass and Van Buren counties).
- Applicants must have verified plans to attend an institution of higher education.
- Winners will be chosen based on the completed application packet, which must be completed by the student-athlete.
- Two letters of recommendation shall accompany the completed application.
- Applicants need not be "star athletes," but individuals that best display sportsmanship, citizenship, dedication and determination.
- The list of applicants will be narrowed to a list of finalists by the Fruit Belt Officials Association Scholarship Committee. These finalists will be presented to the full membership for the selection of the two award winners.
- To be considered for the scholarship, the student-athlete cannot be related to anyone who has been an active Fruit Belt Officials Association member during the previous two years.

Instructions:

1. Carefully complete the application completely. It is VERY important that all elements of the application are completed and turned in together (if possible). Please type or print legibly. It is strongly recommended that you make a "rough draft" copy first, followed by a final copy that integrates any necessary corrections.
2. Fill in all blanks on the application. If a question does not apply to you, simply write N/A. If you attach additional sheets of information, be sure to write your name on each sheet.
3. Recommendations should be given to teachers, supervisors, or employers to complete. Recommendations from family or friends will not be accepted. Two recommendations must be submitted as part of this application packet. Be sure to give your recommendation forms to your references in plenty of time to retrieve them and turn them in with your completed application. We strongly encourage that you make a copy of your complete application packet before submitting your application.
4. Please remember that a "complete" application includes **two** recommendations.
5. Return applications **prior to March 1st, 2012** to:
Dan Kuntz
1824 Kaiser Road
Galien, MI 49113

Application

In all essays below, feel free to attach a separate sheet if necessary.

Write a statement discussing your educational and career goals.

Describe why receiving a scholarship is important to you.

Describe what life skills you have gained due to your involvement in organized sports throughout your high school career.

Describe your involvement in organized sports. What sports have you participated in? How many years have you been involved?

Describe any challenges that you have overcome during your involvement in high school sports.

Describe any other activities, clubs, school/family/community organizations that you have been involved in during your high school career.

CERTIFICATION: ALL APPLICANTS

I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to the selection committee to review information on this form, my transcripts, and additional supporting documentation submitted as part of this application. I give permission for the selection committee to contact high school and college officials for additional academic and/or financial information. If selected to receive a scholarship I give permission for a publicity release and to share information contained in my application with appropriate scholarship donors.

Name of Student-Athlete: _____
(Please Print)

Date: _____

Signature of Student-Athlete: _____

Name of Athletic Director/Guidance Counselor: _____
(Please Print)

Athletic Director/Guidance Counselor Signature: _____

It is the policy of FBOA that there will be no discrimination or harassment on the grounds of race, color, sex, marital and/or parental status, religion, national origin, age, mental or physical disability, activities or employment.

Signing this form gives the Award Committee the right to review transcripts for verification of award eligibility and use your name in publicizing awards and grants.

