

2017 Stow-Munroe Falls Booster Club Scholarship Application

The Stow-Munroe Falls Booster Club provides a minimum of four (two boys and two girls) non-renewable \$1000 scholarships to Stow-Munroe Falls High School seniors pursuing post-secondary studies including professional, vocational, and academic studies not limited to colleges and universities.

Eligibility:

- 1. Graduating senior.**
- 2. Minimum GPA of 2.50.**
- 3. Must have participated in a least one varsity sport.**
- 4. Parent(s) must be a current Booster Club member(s) as of January 31, 2017 and have been a member of the Booster Club at least one additional year during the last four years.**
- 5. Recipient must attend Awards Recognition Program to receive award.**

The scholarship application consists of:

- 1. Student Application**
- 2. Essay**
- 3. Parental Involvement Form**
- 4. Teacher Recommendation Form**
- 5. Coach Recommendation Form**

Completed applications may be dropped off at the Athletic Department Office or mailed to:

**Tammy Sedor – Athletic Department Office
Stow-Munroe Falls High School
3227 Graham Road
Stow, OH 44224**

The application deadline is April 7, 2017. The recipient of this scholarship must attend the Stow-Munroe Falls Senior Scholarship Program on May 16, 2017 to receive the scholarship.

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Student Application

Student Name: _____ Phone: _____

Address: _____ City: _____

School You Plan to Attend: _____

Intended Major: _____

1) High School Athletic Teams/Awards _____ Grade _____

2) Other Activities—including school clubs and activities, volunteering/community service, and employment. Also list any school and community achievements and awards.

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3) What advice would you give a freshman entering Stow-Munroe Falls High School today about participating on a co-curricular athletic team? Please attach a typed essay.

(4) Please list the names of the teacher and coach you asked to provide recommendations.

Teacher _____ Coach _____

(5) I certify that the information included in this application is accurate and complete to the best of my ability and I understand that the scholarship funds will be paid after proof of registration to the college or university has been provided.

Applicant signature

Date

Please print name

E-mail address

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Teacher Recommendation Form

Teacher Name

_____ is applying for the Stow-Munroe Falls Booster Club Athletic Scholarship and has requested your evaluation and recommendation.

Please complete and return this form to the Booster Club mailbox in the Athletic Department by April 7, 2017 or mail it to: Stow-Munroe Falls Booster Club, P.O. Box 1445, Stow, OH 44224.

Thank you for your time.

Student Qualities	Excellent	Good	Fair	Poor
Dependability	_____	_____	_____	_____
Ability	_____	_____	_____	_____
Judgment	_____	_____	_____	_____
Character	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Attitude	_____	_____	_____	_____

Briefly comment on why you feel this student deserves a Booster Club Athletic Scholarship. Please limit comments to the space provided.

Teacher signature

Date

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Coach Recommendation Form

_____;
Coach Name Sport

_____ is applying for the Stow-Munroe Falls Booster Club Athletic Scholarship and has requested your evaluation and recommendation.

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Thank you for your time.

Student Qualities	Excellent	Good	Fair	Poor
Outstanding athlete	_____	_____	_____	_____
Enthusiasm	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Determination to succeed	_____	_____	_____	_____
Improvement over the season	_____	_____	_____	_____
Positive role model	_____	_____	_____	_____

Briefly comment on why you feel this student deserves a Booster Club Athletic Scholarship. Please limit comments to the space provided.

Coach's signature

Date