

# PIAA DISTRICT 5 ATHLETIC DIRECTORS ASSOCIATION SCHOLARSHIP PROGRAM 2017 APPLICATION

## Minimum Requirements:

1. Must be a senior
2. Must have at least a 3.0 GPA
3. Must have a verified post secondary education entrance test score: SAT, ACT, or other.
4. Earned at least one (1) varsity letter in a PIAA recognized sport.

★ APPLICATION DEADLINE: January 31<sup>st</sup>, 2017.

★ SUBMIT APPLICATION TO YOUR SCHOOL'S ATHLETIC DIRECTOR -

*Please print or type clearly.*

Name of Applicant: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

School District: \_\_\_\_\_

Varsity Sport(s) Participation: \_\_\_\_\_

TOTAL # of Varsity Athletic Letters Earned, (grades 9-12): \_\_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

*Academic information must be completed and signed by an authorized Guidance Counselor.*

GPA (on a 4.0 scale, 7 semester's) \_\_\_\_\_

SAT, ACT, or other Score \_\_\_\_\_

Signature of Guidance Counselor: \_\_\_\_\_

**Honors in the League or Conference Competition**

Freshman \_\_\_\_\_  
Sophomore \_\_\_\_\_  
Junior \_\_\_\_\_  
Senior \_\_\_\_\_

**Honors in Regional Competition**

Freshman \_\_\_\_\_  
Sophomore \_\_\_\_\_  
Junior \_\_\_\_\_  
Senior \_\_\_\_\_

**Honors in State Competition**

Freshman \_\_\_\_\_  
Sophomore \_\_\_\_\_  
Junior \_\_\_\_\_  
Senior \_\_\_\_\_

**Honors in any Independent (Out of School) Competitions or Activities**

Freshman \_\_\_\_\_  
Sophomore \_\_\_\_\_  
Junior \_\_\_\_\_  
Senior \_\_\_\_\_

**Extracurricular, Community and/or Church Activities**

---

---

---

---

---

---

**List any scholarship awards that you may have already been awarded**

---

---

---

---

On a separate sheet(s) of paper, applicants must answer the following question limiting each response to 300-500 words. Essay must be prepared in standard 10 or 12 point type, & double spaced. The completed essay must be included when submitting this application.

## *Essay Question:*

*How has high school athletics impacted my life?*

What college, university or school will you attend? \_\_\_\_\_

What is your tentative major or field of study? \_\_\_\_\_

What are your educational and career goals? \_\_\_\_\_

---

---

I authorize the release of my academic records to the District 5 Athletic Directors Association Scholarship review committee for purposes that may be used to determine eligibility for the scholarship.

Applicant's signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_

Return completed application to your school's Athletic Director

DEADLINE: January 31st, 2017.