



## **Otsego Athletic Boosters**

### **2023 Scholarship Application Form**

#### **General Criteria**

The Otsego Athletic Booster scholarship is open to all Otsego High School seniors who meet the requirements stated below. The goal for the graduating class of 2023 is to award multiple scholarships with the minimum award being \$500.00. The scholarship process is competitive; as such, not all applicants will receive an award.

The Otsego Athletic Booster scholarship will be awarded without regard to age, race, national origin, ethnicity, gender, disability, sexual orientation, political affiliation, religious belief, or any other characteristic protected by law, except for those programs with clearly stated restrictions or preference.

Applicants must demonstrate:

- Academic achievement or potential (based upon essay and GPA)
- A history of active participation in school athletics, community service, extracurricular involvement, and/or work experience.
- Strong moral character (based upon recommendations)

#### **Deadline**

Email your application and two recommendations to [otsegoathleticboosters@gmail.com](mailto:otsegoathleticboosters@gmail.com) no later than May 1, 2023. Include your full name and 2023 OAB Scholarship in the subject line. Please note that that only complete applications will be considered.

# Otsego Athletic Boosters

*Scholarship Application Form, continued*

## 1. Applicant Information

Name: \_\_\_\_\_  
Last First Preferred Name

Mailing Address: \_\_\_\_\_  
Street City Zip code

Parent Email Address: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_  
Home/Parent cell, Student cell

Current GPA: \_\_\_\_\_  
(Please note that GPA will not include/exclude you, it is merely one criteria in which to measure each applicant. It may be helpful to attach your transcript to this application.)

## 2. Family Information

Name(s) of parent(s) or legal guardian(s) who help with your expenses:  
\_\_\_\_\_

Occupations(s): \_\_\_\_\_

Employer(s): \_\_\_\_\_

List the name, age and college (if applicable) of any siblings supported by the parent(s)/guardian(s) who also support you:

Name of sibling	Age	College	Class year in college
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Otsego Athletic Boosters

## *Scholarship Application Form, continued*

### 3. Activities Resume

Please include a high school activity outline with this packet, and your essay, in the following format:

1) School-related athletics

- i) Sport – grades 9, 10, 11, 12
  - (a) Captain (11, 12)
  - (b) All-Conference (and grade)
  - (c) State Qualifier (and grade)

2) Community Service

- i) Out-of-school activities
  - (a) Organizations affiliated with/belonging to
  - (b) Hours of total service
  - (c) Accomplishments

3) Extra-curricular activities

- i) Activities – grades 9, 10, 11, 12
- ii) Leadership positions held

4) Work experience

- i) Employer(s)
  - (a) Average hours per week
  - (b) Position(s) held
  - (c) Duties responsible for

### 4. Essay Directions

In a two-to-three-page typed essay using 12-point font, please explain your personal, educational and professional goals, both short and long-term and how you plan to achieve them. Include how you feel participation in athletics while at Otsego High School has and will help you work toward these goals. This essay also should include the college you have chosen and why you selected it.

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## Scholarship Application Form, continued

### 5. Other Scholarships/Grants

If you have applied for other scholarships and/or grants please list the name, amount and status of any scholarships or grants that have been granted or are still pending towards your educational expenses. Please note that pending or awarded scholarships and grants do not exclude you from consideration but will help the committee update your application as other results are announced. Use another sheet of paper if necessary.

Name of Scholarship or Grant	\$ Amount	Granted? Pending?
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### 6. Recommendations

Please use the attached Applicant Appraisal Forms (pages 5 and 6) to obtain recommendations.

- Recommendation #1 must be from a coach/teacher (past or present)
- Recommendation #2 should be from someone outside of school (employer, community leader, pastor, etc.) that can speak of your moral character, goals and work ethic outside of athletics – please, NO reference letters.

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## Scholarship Application Form, continued

### 7. Application Checklist

Often, several applications are rejected because they are incomplete. Please use this checklist to make sure your application includes all required materials to prevent this from happening to you.

- Completed application form (signed and dated)
- Essay (two to three pages typed)
- Two recommendations (pages 5 and 6)
- Email all above information to [otsegoathleticboosters@gmail.com](mailto:otsegoathleticboosters@gmail.com) no later than May 1, 2023.** Include your name and 2023 OAB Scholarship in the subject line. *Please note that that only complete applications will be considered.*

### 8. Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship awarded. I also certify that I have read the instructions and will comply with all requests for documentation of my transcripts, the status of other scholarships and grants I received or changes in my plans, should I receive a scholarship from the Otsego Athletic Boosters.

I understand that the Otsego Athletic Booster scholarship may only be used towards the published cost of attendance at U.S. institutions on U.S. soil, accredited by the U.S. Department of Education, and which qualify to receive federal student aid funding, including grants, loans and work-study.

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

# Otsego Athletic Boosters

## Scholarship Applicant Appraisal Form

To be completed by a coach or teacher (past or present).

Student Name: \_\_\_\_\_ Appraiser Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

Please Mark the Appropriate Selection:

	Outstanding	Very Well	Average	Needs Improvement
The applicant's achievements reflect their ability				
The applicant demonstrates curiosity and initiative				
The applicant can find and use learning resources				
The applicant problem-solves and is able to follow through				
The applicant shows commitment to school and community				
The applicant respects themselves and others				
The applicant can set realistic and attainable goals				
The applicant has a strong sense of work ethic and the ability to adapt to change				

Please use the following lines, and the back, if necessary, to further comment on the above chart and about other outstanding qualities the candidate may possess. **Please do NOT complete a separate letter of recommendation.**

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Please return the completed form to the nominee to be submitted with their application.

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Student Name: \_\_\_\_\_ Appraiser Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

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