



**MAHONING VALLEY BASKETBALL
OFFICIALS ASSOCIATION SCHOLARSHIP
STUDENT APPLICATION**



Deadline: Saturday, January 20, 2024

Name: _____ Home Phone: _____

Home Address: _____

Name of High School: _____ School Phone: _____

Cumulative GPA: (minimum required 3:0) _____ Days Absent this school year: _____

High School Academic Awards Program Date: _____ Time: _____ Location: _____

Schedule of Remaining Basketball Games: _____

Intended College/Univ./Technical: _____ Program Interest: _____

Parent/Guardian Name(s): _____ Parent Telephone: _____

List the clubs, committees, and other school activities you participated in while in high school:

In what community activities are you actively involved?

Explain in one paragraph how your participation in High School Basketball impacted your life in a positive way. What experiences in athletics will help make you more successful in the future?



MAHONING VALLEY BASKETBALL OFFICIALS ASSOCIATION SCHOLARSHIP RECOMMENDATION FORM



Please complete the following recommendation as accurately as possible. You must place this form in a sealed envelope and then write your name across the seal. Return your sealed envelope to the applicant. The student athlete will return two recommendation envelopes along with the application to the appropriate address. Application deadline is Saturday, January 20, 2024.

Name of Student Athlete: _____

I have known this student for _____ year(s) as a _____
Teacher, Counselor, Coach, Administrator

Character Rating (circle one): 5 (high) 4 3 2 1 (low)
Comment on this student's character as you know it:

Sportsmanship on and off the Basketball Court: 5 (high) 4 3 2 1 (low)
Comment on this student's sportsmanship as you know it:

Leadership Skills: 5 (high) 4 3 2 1 (low)
Comment on this student's leadership skills as you know it:

Rate this student's Attendance & Participation: 5 (high) 4 3 2 1 (low)
Comment on this student's attendance and participation:

Signature: _____ Date: _____