

**2018-19**

**Longhorn Athletic Booster Club**

**Student Athlete Scholarships**

With the completion and remittance of thisapplication, you will be considered forThe Longhorn Athletic Booster Club Scholarship. The scholarships are intended to recognize outstanding student/athletes from the 2018-19 Harmony High School graduating class that are pursuing post high school education. Applicants will be evaluated on the basis of their success, perseverance, dedication, sportsmanship, community service, leadership and academic achievement. To be considered for a scholarship, a student must meet the following criteria:

1. **Athletic Participation**. Applicant must be a 12th-grade student in good standing at Harmony High School and participated in either of the following:

* Participated as an **athlete** by **lettering (4) times** in any combination of high school sports for **full seasons** for each sport **-OR-**
* Participated as a **student of the Athletic Trainer program** and **completed 3 years** in the program or **completed 2 years** in the program and participated as an athlete by **lettering at least (1) time** in a high school sport for a **full season**.

**2. Academic Achievement.** Student must have a minimum un-weighted cumulative high school **GPA of 3.25** (through the end of the first semester). The applicant’s GPA will be verified by the Guidance Department after submission of the application.

**3. Higher Education.** Student must plan to enroll in an institution of higher learning and provide acceptance letter/letters with this application. Such institutions include not only colleges and universities, but also technical and vocational schools and institutes.

**4. Community Service.** Students must have a minimum of **50 community service hours**. Hours will be verified by Mrs. Barton in Guidance.

**5. Application Form.** Student must complete and submit the application form, essay and post high school educational institution’s acceptance letter/letters to Assistant Principal Gallman **by February 28, 2019**. **NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.**

**6. Harmony Athletic Booster Membership**: Applicant’s family **must** be a HHS Athletic Booster member in good standing, as of February 15, 2019.

**7. Recommendations.** One recommendation from a coach and one recommendation from a teacher (non-coach teacher) are required. The applicant must fill in his/her name on the recommendation form before giving it to each teacher/coach. Be sure to distribute the forms to the teacher and coach early enough so that he/she can complete the recommendation in a timely manner.

The teachers and coaches are being asked to return the completed form directly to John Wallauer, Athletic Director. The student, however, is ultimately responsible for following up with his/her teacher and coach to ensure that the recommendation forms have been submitted to the Athletic Department on or before February 28, 2019.

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**2018-19 Longhorn Athletic Booster Club**

**Student Athlete Scholarship Application**

**Application Deadline is February 28, 2019**

Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide the names of those who are providing references:

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sports/Athletic Trainer Participation**

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** | **SPORT/Athletic Trainer Program** | **TEAM:FRESH/JV/VARSITY or YEARS in Athletic Trainer Program** | **POINTS** |
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Points are awarded based on completion of Freshman/JV Seasons = 9 points and awarded a varsity letter in a **full season varsity sport** = 18 points each.  A full year completed in the Athletic Trainer program = 18 points each.

Athletic Director’s Signature Date\_\_\_\_\_\_\_\_

**Total Points** \_\_\_\_\_\_\_\_

*(Student is not responsible for obtaining this signature in order for the application to be complete. Verification of the applicant’s athletic record is part of the review process.)*

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**COMMUNITY SERVICE/GPA**

**Community Service Hours (50 minimum) Number of hours completed- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE- Applicant must have a **minimum of 50 community service hours** at the end of the 2nd quarter of senior year, to be eligible for this scholarship.

**Cumulative unweighted GPA- ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE- Applicant must have a **minimum cumulative unweighted GPA of 3.25** as of the end of the 2nd quarter of senior year, to be eligible for this scholarship**.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Guidance Counselor Signature Date

*(Verification of the applicant’s GPA and Community Service Hours are part of the review process.)*

**College/University/Vocational School Information**

School you plan to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If no, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please attach acceptance Letter/Letters.)*

**Applicant Essay**

Write a brief essay explaining what being an “Athletic Leader” means to you. Additionally, explain how you have demonstrated “Athletic Leadership” in your community, school, and/or team. Essay must be on a separate piece of paper, computer generated (hand-written essays are not acceptable), double-spaced and a minimum of 500 words. Content and presentation will be judged by HHS English Department.

**Parent/Guardian & Applicant Signatures**

By signing below, I certify that I understand the criteria for the scholarship and submission deadlines for the application and recommendation forms. I hereby authorize the review of all aspects of this application, including GPA information, by the Longhorn Athletic Booster Club Executive Board for the sole purpose of consideration for this scholarship award. Furthermore, I acknowledge that the information provided herein is true and correct.

Scholarship disbursements will be handled by the Foundation for Education.

The Longhorn Athletic Club members, committees and board do not have any input on the evaluation or ranking of each application. The application is strictly monitored, reviewed for accuracy and processed solely by the Harmony High School Administration.

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Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

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Recommendation Letter from a Teacher (**non-coach**)

The Longhorn Athletic Booster Club will be awarding scholarships to senior athletes and/or Athletic Trainers. Based on your knowledge of this student, please rate his/her qualities on a scale of one to five (five being the highest) and provide any personal comments. Please be sure to sign your name and submit directly to Athletic Director, John Wallauer. All comments will be kept confidential.

**Applications are due by February 28, 2019**

**Name of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Attitude** 1 2 3 4 5

**Comments:**

**Class Participation** 1 2 3 4 5

**Comments:**

**Citizenship:** 1 2 3 4 5

**Comments:**

**Motivation:** 1 2 3 4 5

**Comments:**

**Work Ethic:** 1 2 3 4 5

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature Date

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Recommendation Letter from a Coach or Athletic Trainer

The Longhorn Athletic Booster Club will be awarding scholarships to senior student athletes/athletic trainers. Based on your knowledge of this student, please rate his/her qualities on a scale of one to five (five being the highest) and provide any personal comments. Please be sure to sign your name and submit directly to Athletic Director, John Wallauer. All comments will be kept confidential. **Applications are due by February 28, 2019.**

**Name of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Attitude** 1 2 3 4 5

**Comments:**

**Sportsmanship** 1 2 3 4 5

**Comments:**

**Leadership:** 1 2 3 4 5

**Comments:**

**Motivation:** 1 2 3 4 5

**Comments:**

**Work Ethic:** 1 2 3 4 5

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach/Athletic Trainer Signature Date

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**Longhorn Athletic Booster Club**

**2018-19 Student Athlete Scholarship Check List**

**Application Deadline is February 28, 2019**

**Return to Athletic Department**

 **Scholarship Application Form**

 **Essay**

**Distribute to Teacher (non-coach) and Coach/Athletic Trainer**

 **Coach/Athletic Trainer Recommendation Letter**

**(Coach/Athletic Trainer will return Recommendation Letter to Athletic Department)**

 **Teacher’s Recommendation Letter**

**(Teacher will return Recommendation Letter to Athletic Department)**

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