

Dear Boosters Scholarship Applicant,

Thank you for your interest in the Oxford Hills Athletic Boosters **Athletic & Community Service Scholarship!** Open to all college-bound high school seniors of Oxford Hills, this scholarship is intended to recognize well-rounded student athletes who have demonstrated academic achievement and a strong work ethic in their personal and academic endeavors, and who have gone above and beyond to give back to the youth programs of their community by volunteering time to a Boosters sports program and/or related events.

The steps required to apply for the **Athletic & Community Service Scholarship** are described below:

- **Step 1.** Complete a minimum of **20** community service hours in a Boosters youth program during any year(s) of high school. Examples might include volunteering as an assistant coach, refereeing games, developing plays or routines, holding practices or clinics, working in the Snack Shack, or helping out during our various fundraising events.
- Step 2. Complete the Scholarship Application form. Applications must include: a) a letter from the OHAB Coach or Program Coordinator who is recommending you; b) the most recent copy of your transcript; and c) proof of your volunteer hours.
- **Step 3.** The OHAB Board of Directors will review applications and make a final decision on the granting of the scholarship.
- **Step 4.** Scholarship will be paid directly to the recipient's college, university, or technical school **upon successful completion of the first semester**.

**Applications must be received by April 1**st to be considered. Applicants will be notified by the first week of May of the decision by the Board of Directors.

We look forward to receiving your application!

Best Regards,

Mike Marshall
President, Oxford Hills Athletic Boosters

## Oxford Hills Athletic Boosters ATHLETIC & COMMUNITY SERVICE SCHOLARSHIP APPLICATION APPLICATION DEADLINE: APRIL 1<sup>ST</sup>

			Person	nal Information				
Name:				Today's Date:				
Home Address:				Home Phone:				
			Cell Phone:					
City:	State:	Zip	:	Email:				
	-	-	Famil	y Information				
Parent/Guardian #1 Name:				Parent/Guardian #2 Name:				
Address:				Address:				
City:	State:	ate: Zip:		City:		State:	Zip:	
Occupation:	I			Occupation:	ı			
Employer Name:				Employer Name:				
Total number of persons in the family				Number of family members in college				
(household) including yourself:				next year including yourself:				
(			Schoo	ol Information				
				f college, university, or trade school you will attend:				
Major or intended major:			Expecte	ed year of college graduation:				
				the reasons applied for and how much was requested.				
Scholarship or Aid Title		neas	SOII OF DE	escription for request		Amoun	i Requesteu	
	Ath	letic F	Participa	tion Information				
Please list the high school sport	-	-	ticipated.	Add a comment on what	you like(d	) or dislike(d	) about the	
sport and any awards or accol	-							
Sport Year(s) Played				Comments				

	Outside & Community Activities				
Ple	ease list and describe any activities, groups, or special interests you have been involved in during high school.				
	is list any school honors, prizes, awards, or accolades you have received (other than those listed above).				
	Attachments				
	<b>Letter of Recommendation</b> from OHAB Coach or Program Coordinator who is recommending you for the Athletic & Community Service Scholarship. <i>Please have this person write a letter of recommendation describing your contributions to Oxford Hills Athletic Boosters</i> .				
	<b>Confirmation of your volunteer hours</b> (may be copies of your IKF-E2 forms or included in the Letter of Recommendation)				
	Copy of your high school transcript				
	Next Steps				
	Submit your completed Application with attachments to OHAB at:				
	o PO Box 284, Norway, ME 04268 or				
	o <u>ohboosters@msad17.org</u>				