

USA Racquetball 2009 Scholarship Application

The USAR Scholarship Program is an annual scholarship awards program administered by the USAR Scholarship Committee, under the direction and guidance of the USAR Board of Directors.

APPLYING FOR A SCHOLARSHIP:

Applicants can download this scholarship package or may obtain one by calling 719-635-5396 ext. 123. The scholarship application, all forms, and instructions for completing the application are included in this package. The completed application with all enclosures must be returned to the USAR, **no later than June 15** preceding the beginning of the school year. Only one application per student will be accepted. Additionally, if the applicant wishes to be considered for a scholarship based on financial need, he/she must state in a separate letter and provide any information they deem appropriate for this consideration. All financial data will remain confidential.

ELIGIBILITY:

An applicant must be an USAR member at the time the initial application is submitted and must maintain USAR membership throughout the grant period. Although most applicants will be those who will be graduating from high school in June of the year they apply, students already in college who are otherwise eligible may submit an application for scholarship. All applicants must be currently enrolled or accepted in a full-time program at an accredited college, university, vocational, or technical school.

PAYMENT OF SCHOLARSHIP AWARDS:

In the case of successful candidates, scholarship checks will be made payable to both the student and the educational institution and will be sent directly to the student. Both parties must sign the check before it can be cashed. A form requesting confirmation of acceptance to an educational institution will be sent to the successful candidate prior to the disbursement of the funds. Checks will be mailed to the student around December 1st of the school year.

APPLICATION RENEWAL:

Persons submitting applications for the renewal of scholarship grants must re-submit a complete application for consideration. Applicants that previously submitted an application and were not awarded a scholarship must also re-submit a new application for consideration.

COMMITTEE:

The scholarship committee consists of five individuals appointed by the USAR president. The committee has the responsibility for the programs overall operation. The committee will establish application policies and procedures, review applications, and submit their evaluation and recommendations to the USAR Board of Directors. The committee will present its recommendations regarding the number of awards and dollar amounts (normally \$500) of scholarships to be awarded for the ensuing year to the Board of Directors at the annual Fall Board Meeting.

ADMINISTRATION:

The USAR staff will do receipt, preparation, and assembly of all scholarship applications for review by the scholarship committee. Notification of applicants concerning selection, arrangement for the disbursement of funds, and any other administrative tasks required, will be done by the USAR staff. The USAR Scholarship Program will be publicized to the general membership in RACQUETBALL Magazine, the official publication of the USAR.

FUNDS:

The initial funds were provided by John and Rose Mooney, founders of this scholarship program. The National Masters Racquetball Association, USAR members, or other fundraisers that may be approved by the Board of Directors primarily provides funds for the scholarship program from donations. Monies awarded to scholarship recipients will be administered by the college, university, or vocational/technical institution in which the recipient is enrolled. In the event that the student completes only a portion of the scholarship year, the unused scholarship funds will be returned to the USAR. Grant monies may be applied to payment of tuition, textbooks, instructional material, room/board, and other miscellaneous fees, directly related to the field of study.

Students awarded scholarships in the past may re-apply for subsequent year awards. Students who previously applied but were not selected to receive an award are also encouraged to re-apply.

All applicants considered for scholarships will be advised in writing as to their selection or non-selection. USA Racquetball scholarships are not restricted by race, color, creed, sex, religion, or national origin.

INSTRUCTIONS

These instructions pertain to the submission of USAR Scholarship applications and are furnished to ensure that you understand the requirements to submit an application. In order to qualify for an USA Racquetball Scholarship, the applicant must be a current USAR member at the time the application is submitted and must maintain USAR membership throughout the application period. All applicants must be enrolled or accepted for enrollment as a full-time student as defined by the educational institution in which you are currently enrolled or plan to attend.

The following is a checklist of required documents:

- ____ 1. Scholarship application completed and signed.
- ____ 2. Applicant release form (SIGNED and NOTARIZED).
- ____ 3. Three Teacher's Reports on the applicant from the following:
 - a. Teacher of choice
 - b. School counselor or vocational director
 - c. English teacher or math teacher
- ____ 4. **An autobiography of at least 200 words.**
- ____ 5. **Answer the following in an essay of at least 200 words:**
"Describe how racquetball can be a sport for anyone."
- ____ 6. A copy of your most recent high school or college transcripts.
- ____ 7. A recent photo, 2 3/4" x 3 1/2" (yearbook photo is appropriate).
- ____ 8. Financial Information (If application is based on financial need)
- ____ 9. Additional information may include: resume, letters of recommendation, award certificates, academic awards, list of racquetball accomplishments, newspaper articles, volunteer work, other high school sport awards, or clubs may be included.

Faxes, copies, and like reproductions of this application will not be accepted. Only one copy of the application and documents are necessary.

Mail completed applications to be received by June 15, 2009 to:

USAR - Scholarship Program
1685 W. Uintah St.
Colorado Springs, CO 80904

2009 USAR SCHOLARSHIP APPLICATION

I. PERSONAL

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTH DATE _____

TELEPHONE () _____ - _____ SSN _____ - _____ - _____

II. EDUCATION

HIGH SCHOOL _____ YEAR GRADUATED _____

CITY _____ STATE _____

HAVE YOU BEEN ACCEPTED TO A DEGREE PROGRAM AT A COLLEGE,
UNIVERSITY, OR VOCATIONAL/TECHNICAL SCHOOL?

YES _____ NO _____

IF YES, NAME OF SCHOOL _____

CITY _____ STATE _____

MAJOR _____

WHAT IS THE ESTIMATED NUMBER OF CREDIT HOURS THAT YOU PLAN TO
CARRY?

_____ PER SEMESTER OR QUARTER

DID YOU MAKE THE HONOR ROLL LAST YEAR?

YES _____ NO _____ GPA _____

HAVE YOU PARTICIPATED IN ANY EXTRACURRICULAR ACTIVITIES THAT WERE
NOT SPORT RELATED DURING THE LAST TWO YEARS?

IF YES THEN PLEASE LIST SEPARATELY:

1. _____ YEAR _____

2. _____ YEAR _____

3. _____ YEAR _____

III. RACQUETBALL ACCOMPLISHMENTS

1. ARE YOU A CURRENT NATIONAL CHAMPION IN A SKILL DIVISION?

YES / NO - - IF YES, YEAR _____ DIV _____ EVENT _____

2. ARE YOU A FORMER NATIONAL CHAMPION IN A SKILL DIVISION?

YES / NO - - IF YES, YEAR _____ DIV _____ EVENT _____

3. ARE YOU A CURRENT NATIONAL CHAMPION IN AN AGE GROUP?

YES / NO - - IF YES, YEAR _____ DIV _____ EVENT _____

4. ARE YOU A FORMER NATIONAL CHAMPION IN AN AGE GROUP?

YES / NO - - IF YES, YEAR _____ DIV _____ EVENT _____

5. ARE YOU A FORMER REGIONAL CHAMPION IN AN AGE GROUP?

YES / NO - - IF YES, YEAR _____ DIV _____ EVENT _____

6. ARE YOU A FORMER STATE CHAMPION IN AN AGE GROUP?

YES / NO - - IF YES, YEAR _____ DIV _____ EVENT _____

7. HAVE YOU BEEN RANKED NATIONALLY IN THE LAST 13 MONTHS?

YES / NO

8. HAVE YOU BEEN RANKED IN THE TOP 10 IN YOUR STATE OVER THE LAST 12 MONTHS?

YES / NO

IF YES: DATES _____ DIV _____

DATES _____ DIV _____

(Additional racquetball accomplishments may be attached to your autobiography.)

IV. OTHER INFORMATION

1. ARE YOU A USAR CERTIFIED REFEREE? YES or NO

2. ARE YOU AN AMPRO INSTRUCTOR? YES or NO

IF YES, WHAT IS YOUR LEVEL OF AMPRO CERTIFICATION? (Indicate below)

(M) - MEMBER (I) - INSTRUCTOR (A) - ADVANCED (P) - PROFESSIONAL

3. HAVE YOU BEEN A USAR MEMBER FOR THE LAST YEAR? YES or NO

4. HAVE YOU APPLIED FOR A USAR SCHOLARSHIP IN THE PAST? YES or NO

5. HAVE YOU EVER BEEN HONORED AND RECEIVED A SPECIAL AWARD FOR SPORTSMANSHIP, OUTSTANDING ATHLETE, JUNIOR, ETC?

IF YES, INDICATE DATE AND LIST EACH AWARD SEPARATELY.

1. _____ YEAR _____

2. _____ YEAR _____

3. _____ YEAR _____

4. _____ YEAR _____

5. _____ YEAR _____

V. FINANCIAL CONSIDERATION

DO YOU WISH TO BE CONSIDERED FOR A SCHOLARSHIP GRANT BASED ON FINANCIAL NEED? YES ___ NO ___. IF YES, THEN PLEASE ATTACH SUPPORTING DOCUMENTATION.

DO YOU PLAN TO WORK WHILE ATTENDING SCHOOL? YES _____ NO _____.

VI. CERTIFICATION.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I WILL PROMPTLY NOTIFY THE SCHOLARSHIP COMMITTEE OF ANY ADDRESS CHANGE, OR CHANGE IN COLLEGE/SCHOOL DESIGNATED HEREIN, OR OTHER CHANGES IN MY EDUCATIONAL PLANS WHICH WOULD IMPACT ANY SCHOLARSHIP GRANT AWARDED.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT RELEASE FORM

In consideration of a USAR Scholarship Grant,

I, (name) _____ of

(address) _____

City _____ State _____ Zip _____

Legal dependent of:

hereby warrant that I am _____ years of age, and hereby assign to the USAR Scholarship Committee, Colorado Springs, Colorado, and/or its legal representatives, the right to use the photograph with right to reproduce same, together with right to copyright said photograph and/or reproductions thereof: and I hereby agree to protect and hold harmless the USAR and its legal representatives in the use of said photograph and/or reproductions thereof in conjunction with the Scholarship Program.

Signature of Applicant

Notary Public

State of _____

County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, A.D. _____.

by _____

Witness my hand and Official Seal. My commission expires on _____

Notary Public

TEACHER'S REPORT ON APPLICANT #1

To the Applicant: After you have completed your name below, give this form to a teacher or school official as indicated in the instructions.

Name of Applicant _____
(First) (Last)

City _____ State _____

To the Teacher: The student whose name appears above is applying for a scholarship from USA Racquetball. Your candid opinion of his or her academic performance, intellectual promise, and qualities as a person will help the Scholarship Committee in making the award selection. **Please return this completed form no later than June 15.** It may be returned to the student applicant or submitted directly to the USAR at the address on page 2 of this form. Your reply is greatly appreciated. Thank you!

1. How long have you known the student?

2. In what subject(s) have you taught him or her?

3. Please evaluate the student's communication skills where applicable.

Oral - Participation in class

- No opportunity to observe
- Infrequent
- Frequent
- Extensive

Oral - Quality of participation

- No opportunity to observe
- Below average
- Average
- Above average
- Outstanding

(Page two of the Teacher's Report on the student named below :)

Applicants

Name _____

4. Please describe the student in terms of intellectual traits:

- | | |
|---|--|
| <input type="checkbox"/> Truly exceptional | <input type="checkbox"/> Average |
| <input type="checkbox"/> Well above average | <input type="checkbox"/> Below average |
| <input type="checkbox"/> Above average | |

5. If you would like to call our attention to any outstanding accomplishments, unusual circumstances, or other information regarding this student then please note below.

6. Overall estimation of this student's academic and personal promise:

- One of top few of my career
- Exceptional (top 5 %)
- Well above average (top 15%)
- Average
- Below Average

Your Name _____

Signature _____ Date _____

Department: _____ School _____

**Return to: USA Racquetball
Scholarship Program
1685 W. Uintah St.
Colorado Springs, CO 80904**

TEACHER'S REPORT ON APPLICANT #2

To the Applicant: After you have completed your name below, give this form to a teacher or school official as indicated in the instructions.

Name of Applicant _____
(First) (Last)

City _____ State _____

To the Teacher: The student whose name appears above is applying for a scholarship from USA Racquetball. Your candid opinion of his or her academic performance, intellectual promise, and qualities as a person will help the Scholarship Committee in making the award selection. **Please return this completed form no later than June 15.** It may be returned to the student applicant or submitted directly to the USAR at the address on page 2 of this form. Your reply is greatly appreciated. Thank you!

1. How long have you known the student?

2. In what subject(s) have you taught him or her?

3. Please evaluate the student's communication skills where applicable.

Oral - Participation in class

- No opportunity to observe
- Infrequent
- Frequent
- Extensive

Oral - Quality of participation

- No opportunity to observe
- Below average
- Average
- Above average
- Outstanding

(Page two of the Teacher's Report on the student named below :)

Applicants

Name _____

4. Please describe the student in terms of intellectual traits:

- | | |
|---|--|
| <input type="checkbox"/> Truly exceptional | <input type="checkbox"/> Average |
| <input type="checkbox"/> Well above average | <input type="checkbox"/> Below average |
| <input type="checkbox"/> Above average | |

5. If you would like to call our attention to any outstanding accomplishments, unusual circumstances, or other information regarding this student then please note below.

6. Overall estimation of this student's academic and personal promise:

- One of top few of my career
- Exceptional (top 5 %)
- Well above average (top 15%)
- Average
- Below Average

Your Name _____

Signature _____ Date _____

Department: _____ School _____

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Colorado Springs, CO 80904**

(Page two of the Teacher's Report on the student named below :)

Applicants

Name _____

4. Please describe the student in terms of intellectual traits:

- | | |
|---|--|
| <input type="checkbox"/> Truly exceptional | <input type="checkbox"/> Average |
| <input type="checkbox"/> Well above average | <input type="checkbox"/> Below average |
| <input type="checkbox"/> Above average | |

5. If you would like to call our attention to any outstanding accomplishments, unusual circumstances, or other information regarding this student then please note below.

6. Overall estimation of this student's academic and personal promise:

- One of top few of my career
- Exceptional (top 5 %)
- Well above average (top 15%)
- Average
- Below Average

Your Name _____

Signature _____ Date _____

Department: _____ School _____

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