

HILLIARD DAVIDSON ATHLETIC BOOSTERS SCHOLARSHIP INFORMATION – 2019

Up to ten (10) scholarships of \$500.00 each will be awarded to select graduating senior student athletes at Hilliard Davidson High School.

GUIDELINES

- Student must have earned at least two (2) varsity letters (in one or more sports) and is a student athlete in good standing, as verified by the Hilliard Davidson Athletic Department. One varsity letter must have been obtained in the student's senior year at Hilliard Davidson High School, unless special circumstances occur and are approved by the Athletic Director.
- GPA must be at least 3.00, as verified by the Guidance and/or Athletic Department.
- Student must display qualities of teamwork, leadership, sportsmanship, respect, and commitment in school and/or in the community.
- Two written recommendations are required; one from a Hilliard Davidson High School coach and another from a teacher, counselor, or community leader (see attached form).
- Student must answer 3 essay questions (max 100-150 words per question). See attached
- Completed application form, essay questions, and two recommendations must be received in the Hilliard Davidson Guidance Office no later than 4:00 p.m. on Monday, March 18, 2019. Applicant is responsible for turning in all four documents.

PROCESS

- Eligible senior athletes pick up forms in the Hilliard Davidson Guidance Office.
- All forms must be returned to the Guidance Office by 4:00 p.m. on March 18, 2019. The applicant is responsible for turning in all four documents. Late applications or recommendations will not be accepted.
- Using application forms submitted, the Selection Committee (five Booster Club trustees who are not parents of applicants and are selected by the President) will narrow the applicants down to approximately twelve (12) to fifteen (15) finalists who will be interviewed by the committee early Monday, April 8th, 2019. Interviews will be about 10-15 minutes in length.
- The Selection Committee will select up to ten (10) recipients. The number of male and female recipients may vary depending on the applicant pool.
- Scholarship winners will be announced at the Senior Awards Program on **May 1, 2019 at 7:15 a.m.**
- Award will be made to the student following verification of acceptance and enrollment deposit at an accredited college or technical school. Funds must be returned to Hilliard Davidson Athletic Boosters, in full, if the student does not attend an accredited college or technical school or receives other financial aid that prohibits them from receiving this award.

HILLIARD DAVIDSON ATHLETIC BOOSTERS SCHOLARSHIP APPLICATION – 2019

PERSONAL INFORMATION

Name _____ Date ____/____/____

Address _____

Phone _____ E-mail _____

HIGH SCHOOL ATHLETIC PARTICIPATION

Year	Sport	Varsity Letter?	Honors/Awards
Freshman	_____	Y or N	_____
	_____	Y or N	_____
Sophomore	_____	Y or N	_____
	_____	Y or N	_____
Junior	_____	Y or N	_____
	_____	Y or N	_____
Senior	_____	Y or N	_____
	_____	Y or N	_____

(Attach additional page, if necessary.)

SCHOOL AND COMMUNITY ACTIVITIES

Activity	Dates	Honors/Awards/Offices Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(See list on reverse. Attach additional page, if necessary.)

ESSAY QUESTIONS

On a separate sheet of paper, please answer the following questions (no more than 100-150 words per question). 1. explain how your participation in athletics at Hilliard Davidson High School has enhanced your high school experience and contributed to your personal growth and development. 2. Give us a description of a "day in the life" of one of your days in a sports season. 3. How do you balance your sports, academics, family, work, and volunteering, etc... schedule? Essay must be typed – no handwritten essays, please.

VERIFICATION AND SIGNATURES

I have given the recommendation forms to Coach _____ and Mr./Mrs. _____; they will be returned to me and I will submit them with my application form and essay to the Hilliard Davidson Guidance Office by 4:00 p.m. on Thursday, March 18, 2019.

I have answered all of the questions in this application to the best of my knowledge and belief.

I understand that the Hilliard Davidson Guidance Department and/or Athletic Department will verify my grade point average and varsity letters earned, as part of the application process.

Signature of Applicant Date ____/____/____

Signature of Parent(s)

School Activities List (please circle those you participated in while a student at Hilliard Davidson). Some activities may not be included on these lists, so be sure to include them and any community activities on the front side of this application.

Student Council/Class	Play	Future Educators Club
Rep	Musical	Future Medical Careers
Class Officer	Tech/Stage Crew	German Club
Freshman Focus Leader	Thespian Society	Interact
Prom Committee	Variety Show	Key Club
Renaissance	Academic Leader	Las Gatitas
Yearbook	In-the-Know	Latin Club
Wildcat Magazine	Mock Trial	Leaders Teaching
Marching Band	News Team	Leaders
Color Guard	R.O.C.K	Peer-to-Peer
Winter Guard	Science Olympiad	Photography Club
Pep Band	Teacher Aide	Spanish Club
Jazz Band	Art Club	Tech Club
Madrigals	Book Club	Youth to Youth
Boys in Blue	Chemistry Club	Youth Council
Blue Ladies	Chess Club	Athletic Council
Orchestra	Computer Club	Cats Crew
String Sensation	Cultural Awareness	Dance Team
Invisible Children	Environmental	Intramurals
Solo and Ensemble	Awareness	Powder Puff
Contest	FCCLA	Ski Club
Drama Club	French Club	National Honor Society
Giggle Factory	French Honor Society	Ethics Club

YOUR SCHOLARSHIP
CHECKLIST:
__ Completed Two-Page
Application
__ Essay Questions
__ Two Letters of
Recommendation

HILLIARD DAVIDSON ATHLETIC BOOSTERS SCHOLARSHIP RECOMMENDATION FORM – 2019

Dear Coach, Teacher, Counselor, or Community Leader,

The Hilliard Davidson High School Athletic Boosters will award up to ten (10) scholarships to select graduating senior student athletes, in the amount of \$500.00 each.

One recommendation from a Hilliard Davidson High School coach and another from a teacher, counselor, or community leader is required as part of the application process. In the space below, or on another sheet if you prefer, please explain how and why you feel the applicant is deserving of this honor. Include comments regarding leadership, teamwork, sportsmanship, work ethic, and attitude.

The completed recommendation should be given in a *sealed envelope* to the applicant, who will attach it to his/her application and turn it in to the guidance office with other forms by 4:00 p.m. on Thursday, March 18, 2019. Thank you!

RECOMMENDATION ON BEHALF OF _____ (Student Athlete's Name)

Signature of a Coach, Teacher, Counselor, or Community Leader

____/____/____
Date

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RECOMMENDATION ON BEHALF OF _____ (Student Athlete's Name)

Signature of a Coach, Teacher, Counselor, or Community Leader

____/____/____
Date