



**Scholarship Application Form**

***Application Due: September 14, 2018***

# Women's Sports Museum Outstanding Female Athlete Scholarship

Women's Sports Museum Outstanding Female Athlete Scholarship provides a female Sarasota, Manatee or Charlotte County high school senior with funding to help attain post-secondary education. Scholarship recipients will be selected based on a range of factors including the student's essay, athletic ability, demonstrated leadership and strength of character.

The chosen recipient(s) will be honored at the annual Women's Sports Museum Gala on October 19, 2018. Additionally, a video montage will be displayed during an annual event and possibly future events.

## Scholarship Details

- \$2,000 for post-secondary education (two or four-year college, university or vocational-technical school)
  - Scholarship award amount will be directly granted only to the school

## Scholarship Eligibility Criteria

- Female student-athlete participating in at least one sport. Examples of sports include: soccer, basketball, crew, volleyball, gymnastics, cheerleading, golf, tennis, etc.
- High school senior in Sarasota, Manatee or Charlotte County during the 2018-2019 academic year.
- Students receiving a "full-ride" athletic scholarship covering tuition, room and board and books may not be eligible for this scholarship (due to NCAA regulations).

## Essay Prompt

In 500 words or less, describe how being a student-athlete has impacted your life.

## Application Materials

- Completed Scholarship Application
- Coach Recommendation Form (submitted by at least one coach)
- Academic Resume
- Media Waiver
- Essay

## Deadlines

Application deadline is September 14, 2018; award recipient(s) will be notified by October 5, 2018.

## APPLICATION DATA

Applicant's Name _____		
Permanent Street Address _____		
City _____	State _____	Zip _____
Home Telephone Number _____		Student's Cell Number (optional) _____
Student's E-mail _____		Date of Birth _____
Last four digits of student's SSN (optional) _____		College ID Number (if applicable) _____
High School _____		High School Graduation Year _____

### I. PERSONAL/FAMILY INFORMATION

<b>I live with:</b>	
Both Parents <input type="checkbox"/>	My Father <input type="checkbox"/>
My Mother <input type="checkbox"/>	A Legal Guardian <input type="checkbox"/>
I am a ward of the state <input type="checkbox"/>	

### II. CUSTODIAL HOUSEHOLD INFORMATION

If your parents are divorced or separated, give the information about the parent you lived with more during the past 12 months. If you did not live with one parent more than the other, give answers about the parent who provided more financial support during the past 12 months. If this parent is remarried, answer the questions about this parent and his/her spouse.

<p><b>Parent:</b></p> <p>Name _____</p> <p>Address _____</p> <p>City, State Zip _____</p> <p>Employer _____</p> <p>Position _____</p> <p>If self employed - Name of business (DBA): _____</p> <p>Work Address _____</p> <p>City, State, Zip: _____</p> <p>Work Phone # _____</p>	<p><b>Spouse of Parent:</b></p> <p>Name _____</p> <p>Address _____</p> <p>City, State Zip _____</p> <p>Employer _____</p> <p>Position _____</p> <p>If self employed - Name of business (DBA): _____</p> <p>Work Address _____</p> <p>City, State, Zip: _____</p> <p>Work Phone # _____</p>
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### III. COLLEGE/SCHOOL INFORMATION

(Even if you are undecided, please list your top choice. If you have more than one (limit 3), please make a copy of this page and list your other choice(s). You do not need to be accepted at this time.)

College/School choice \_\_\_\_\_

Main reason you chose this school \_\_\_\_\_

4 yr. College/University  Community College  Vocational/Technical  Other \_\_\_\_\_

Have you been accepted yet? Yes  No

Intended major/vocational choice \_\_\_\_\_

Anticipated starting date (Mo/Year) \_\_\_\_\_ Anticipated graduation date (Mo/Year) \_\_\_\_\_

**ESTIMATED COLLEGE/SCHOOL EXPENSES** - (Budget should be for **one full year** of expenses and resources). It is important that you fill in all this information to the best of your ability. **NOTE:** This section demonstrates a family's commitment to its student's success in school; the purpose is to show the committee that you understand the true cost of college and the resources required. **DO NOT LEAVE ANY LINES BLANK! If the amount is small or even zero, fill in the space.**

#### ESTIMATED COST OF SCHOOL

Tuition & Fees	\$ _____
Books & Supplies	\$ _____
Room & Board	\$ _____
Personal Expenses	\$ _____
Transportation	\$ _____
Other Expenses (List)	\$ _____
_____	\$ _____
_____	\$ _____
Estimated Cost of 1 Year of School	\$ _____

#### ESTIMATED RESOURCES TO PAY FOR SCHOOL

From family, friends	\$ _____
Student contribution	\$ _____
Athletic Scholarships	\$ _____
Loans	\$ _____
Other Financial Aid(work study, etc)	\$ _____
529 College Plan	\$ _____
Other Scholarships/Awards	\$ _____
Other Resources (list)	\$ _____
Estimated Resources for Year:	\$ _____

**If you are already attending college, you must attach a copy of your most recent financial aid package! (Internet print out is acceptable)**

If estimated cost of school exceeds estimated resources to pay for school, how do you plan to make up the difference?

Will you be able to receive financial support from your parents to attend college? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you anticipate receiving a Pell Grant? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Florida Prepaid Account? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you participate in or receive Take Stock in Children funding? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you already accumulated student loans? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you anticipate receiving other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name/type of scholarship & amount separately \*Total should be included in Other Scholarships under Estimated Resources.

Name of Scholarship/Award	Amount	Granted	Pending
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#### IV. WORK/VOLUNTEER EXPERIENCE

Please list your paid and volunteer experience for the last 2 years. List the most recent first. Work experience is not limited to a paid job such as working at Publix; it can mean babysitting, mowing lawns, etc. for non-family members. Write "None" if you do not have any work/volunteer experience.

COMPANY	DATE FROM (MO/YEAR)	DATE TO (MO/YEAR)	HOURS PER WEEK DURING SCHOOL	HOURS PER WEEK DURING SUMMER & VACATIONS	HOURLY WAGE	POSITION HELD

PLEASE REPORT ANY UNUSUAL FAMILY OR PERSONAL CIRCUMSTANCES ABOUT WHICH YOU FEEL THE COMMITTEE SHOULD KNOW. (ALL INFORMATION IS KEPT COMPLETELY CONFIDENTIAL!)

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#### IV. ESSAY

Please attach an essay on a separate sheet of paper. The essay should be approximately 500 words or less. Please describe how being a student-athlete has impacted your life. \*Please note that this essay is a *required* attachment.

#### V. COACH RECOMMENDATION FORM

Please ask at least one coach who knows you well to complete the Coach Recommendation Form. This form should be completed by the coach and sent directly to the Women's Sports Museum (not from the applicant).

How did you hear about the Women's Sports Museum Scholarship? Please circle one.

Guidance Counselor   Career Resource Room   Local Organization   Scholarship Scene

Internet   Other (Please List) \_\_\_\_\_

#### CERTIFICATION

\_\_\_ I acknowledge that I am NOT a relative of any member of the Women's Sports Museum scholarship committee, the Women's Sports Museum staff or Board of Directors.

\_\_\_ I acknowledge that my academic resume is enclosed. **I understand that my application will not be considered without a resume.**

\_\_\_ I acknowledge that the information contained in this application is true and correct to the best of my knowledge and that I will inform the Scholarship Committee through the Women's Sports Museum of any changes which might occur in this information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## CHECKLIST FOR COMPLETE APPLICATION

*(Please make sure you have completed the following:)*

- Attached an essay of no more than 500 words.
- Completed all pertinent areas of this application.
- Signed the certification.
- Requested coach submit Coach Recommendation Form.
- Enclosed a copy of your academic resume.
- Enclosed a signed copy of Waiver of Media Rights.
- In the Women's Sports Museum office by the September 14, 2018 deadline.

Please return completed application to:

Women's Sports Museum  
ATTN: Scholarship Chair  
P.O. Box 987  
Sarasota FL, 34230

-or-

Ms. Amie Boyle, Scholarship Chair  
scholarships@womenssportsmuseum.org  
941-894-7357

Please be careful to apply the CORRECT POSTAGE.  
Failure to do so will result in your application being returned.  
THANK YOU.

Applications must be returned to the Women's Sports Museum by September 14, 2018

[www.womenssportsmuseum.org](http://www.womenssportsmuseum.org)

ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

I, \_\_\_\_\_, do hereby give the WOMEN'S SPORTS MUSEUM AND ITS SCHOLARSHIP COMMITTEE full rights to publish my name, where I live (city, state only; actual street addresses and phone numbers will not be disclosed), my pertinent family information, college or other institution I will be attending and the sport(s) I play.

I grant to the Women's Sports Museum and its committees, agents, employees and legal representatives the irrevocable and unrestricted right to reproduce my scholarship application, essay and photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I acknowledge that the material contained in my scholarship application, including my essay, and my image or my family's images contained in any photographs or video may be protected by state or federal laws. I expressly waive any privacy or security rights that I have and authorize the release or publication of the scholarship application, essay, photographs and images.

I hereby release the Women's Sports Museum and its committees, agents, employees and legal representatives from all claims and liability relating to said scholarship application, essay, images or video. Furthermore, I grant permission to the Women's Sports Museum and its committees, agents, employees and legal representatives to use statements made by me that were given in my application or essay, during an interview or otherwise, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by the Women's Sports Museum in its print or electronic correspondence, on its website and/or social media sites.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to "distort" or "falsify" any information provided.)

I understand that this Agreement in no way obligates the Women's Sports Museum to publish or use the above-described information.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

Student: \_\_\_\_\_  
Print Name

Student: \_\_\_\_\_  
Signature

Parent or Legal Guardian: \_\_\_\_\_  
(if under 18) Print Name

Parent or Legal Guardian: \_\_\_\_\_  
Signature

Please write your page names, so you can be tagged:

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_  
Twitter: \_\_\_\_\_ Snapchat: \_\_\_\_\_



**COACH RECCOMENDATION FOR THE  
WOMEN'S SPORTS MUSEUM  
OUTSTANDING FEMALE ATHLETE SCHOLARSHIP**

**STUDENT - PLEASE COMPLETE THIS SECTION**

Student Name: \_\_\_\_\_

**COACH - PLEASE COMPLETE THIS SECTION**

This student is applying for the Women's Sports Museum Outstanding Athlete Scholarship, which provides a \$2,000 scholarship to a female athlete for use at an accredited two or four-year college, university or vocational-technical school for the 2019-2020 academic year. Applicants must be seniors during the 2018-2019 academic year and participating in at least one sport. Please note students receiving a "full-ride" athletic scholarship covering tuition, room and board and books, may not be eligible for this scholarship (due to NCAA regulations). Scholarship recipients will be selected based on a range of factors including the student's essay that discusses the influence of sports on the student's life, athletic ability, demonstrated leadership, and strength of character.

The scholarship committee finds candid evaluations helpful in choosing from among highly qualified candidates. We welcome any information that will help us to differentiate this student from others. We are grateful for your assistance in completing the form and writing a recommendation. The student WILL NOT see this recommendation; however, the scholarship committee will.

**Please submit this recommendation to the Women's Sports Museum Scholarship Committee by 5:00 p.m. on Friday, September 14, 2018 to Women's Sports Museum, Attn: Scholarship Chair, P.O. Box 987, Sarasota, FL 34230 --or-- Ms. Amie Boyle, Scholarship Chair, [scholarships@womenssportsmuseum.org](mailto:scholarships@womenssportsmuseum.org), 941-894-7357.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of High School or Sports Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. In what capacity, and for how long, have you known this student?

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

(Continued on the Next Page)

2. Please evaluate the student in terms of the following characteristics by checking the boxes under the appropriate heading. In choosing each rating, please compare this student with other students you have coached.

Characteristic	Outstanding (Top 5%)	Good (Top 25%)	Average	Poor	No Basis for Judgment
Athletic Ability					
Academic Motivation					
Leadership					
Peer Interaction					
Positive Attitude					
Reaction to Setbacks					
Maturity					
Work Ethic					
Coachability					

3. Tell us why this student deserves consideration. (You may use additional paper, if necessary.)

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