

Otsego Athletic Booster Athletic Scholarship Application

The Otsego Athletic Booster (OAB) Scholarships are awarded each year at the Senior Breakfast and recognized at commencement. The amount of the scholarships will be determined annually by OAB dependent upon their financial status; but shall not be less than \$500 each for two male athletes and \$500 each for two female athletes for a total of four scholarships.

An athlete is defined as any individual participating in any organized activity recognized at the Otsego High School sports banquets.

The Scholarship Committee will be comprised of the Otsego High School Guidance Counselor, the Otsego High School Athletic Director and three representatives from OAB. In the event of a tie, the names of the applicants involved in the tie will be placed into a container and the scholarship selection committee will draw the winner.

Qualifications to Determine Eligibility for Scholarship

- Applicant must be a senior at Otsego High School
- Applicant must have applied or been accepted to an institute of higher learning
- Applicant must letter in a least one sport during his/her senior year.
- Applicant must attain a minimum of seven semester cumulative grade point average of 2.50
- Applicant cannot have been awarded a full scholarship from any other source or combined sources. An award of a full scholarship shall be defined herein as anyone receiving full reimbursement for tuition expenses for the institute of higher learning they have chosen to attend.
- Applicant must also be in compliance with the following stipulations:

The OAB fully support the Athletic Code of Conduct and the Student Behavior Code as established by the Otsego Local School District. As such the Boosters believe that student-athletes are very influential both in the community and among the student body. They should be positive role models and they have the responsibility for showing positive leadership to those with whom they come in contact.

It is expected that all student athletes shall take the responsibility seriously and refrain from use of drugs, alcohol and tobacco, and/or shall refrain from participation in inappropriate and illegal behavior/activity both in and out of school. Further, it is expected the student-athletes shall conduct themselves at all times in a manner that reflects favorably not only on themselves and their family, but on our school district and communities as well.

A student-athlete shall automatically and without exception be considered ineligible for a scholarship from the OAB if they have been found, at any time, to be in violation of the standards established by the Athletic Code of Conduct, or if disciplinary action and/or court action has been taken involving inappropriate behavior and/or including but not limited to the use of alcohol, tobacco and/or drugs.

Due Date

All applications must be returned to the Guidance Office. No applications will be accepted after May 1st. If the 1st falls on a weekend, the application must be submitted by the Friday before the deadline.

Payment of Scholarship

The OAB Scholarship is paid directly to the institution of higher learning at the beginning of the second semester. It is the winner's responsibility to notify the Treasurer of OAB when second semester fees are due. If the scholarship winner(s) is not attending the institution of higher learning at that time, the scholarship defaults to the runner-up(s).

OAB Scholarship Form.doc
Revised 3/13/07 LLR

Otsego Athletic Booster Athletic Scholarship Application

| | |
|---|--|
| Applicant's Name | |
| Address (Complete with City, State, and ZIP) | |
| Phone Number(s) | |
| Name and address of Higher Institution of Learning which you plan to attend. | |

Selection Procedures:

Applicants shall earn points for the OAB Athletic Scholarship based upon the following criteria:

1. Three times their seven semester cumulative grade point average
2. One point for participation and successful completion in each sport for each season of participation at Otsego Schools
3. One point for each Varsity letter earned while participating in Otsego athletics for the sophomore through senior years.

PLEASE COMPLETE THE FOLLOWING:

1. Enter applicant's seven semester Grade Point Average x 3 Leave
BLANK
2. Did you or will you receive the *Archie Griffin Award*? (2pts) YES NO
3. Please indicate which Otsego sport(s) you have participated and have completed the season each year by placing a check mark in the participation column. Place a check in the Varsity Letter Earned column for the sports in which you have earned a Varsity Letter. Table is located on next page.

| For OAB use Leave Blank | | Freshmen | | Sophomores | | | Juniors | | | Seniors | | |
|----------------------------|--------------------|---------------|--|---------------|---------------------------|---|---------------|---------------------------|---|---------------|---------------------------|---|
| | | Participation | | Participation | Varsity Letter Earned? | | Participation | Varsity Letter Earned? | | Participation | Varsity Letter Earned? | |
| | | | | | Y | N | | Y | N | | Y | N |
| | Baseball | | | | | | | | | | | |
| | Basketball | | | | | | | | | | | |
| | Cheerleading BB | | | | | | | | | | | |
| | Cheerleading FB | | | | | | | | | | | |
| | Cross Country | | | | | | | | | | | |
| | Football | | | | | | | | | | | |
| | Golf | | | | | | | | | | | |
| | Soccer | | | | | | | | | | | |
| | Softball | | | | | | | | | | | |
| | Track | | | | | | | | | | | |
| | Volleyball | | | | | | | | | | | |
| | Wrestling | | | | | | | | | | | |

Certification

I hereby give the Otsego Athletic Boosters permission to receive my seven semester cumulative Grade Point Average (GPA). Furthermore, I hereby certify that I am in full compliance with all rules and regulations established within the guidelines of the OAB Scholarship and that all information is true and accurate to the best of my knowledge.

Applicant's Signature

Applicant's Parent or Guardian Signature

Date

Date

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Score Sheet/Certification

To be completed by the Scholarship Selection Committee

Applicant's Name _____

Applicant's Score _____

This is to certify that verification has been made regarding the accuracy of the information provided on behalf of the above listed applicant and that the applicant in fact is eligible for this scholarship as he/she meets all requirements as established within this application.

The High School Guidance Counselor shall be responsible for verifying the accuracy of the applicant's GPA (grade point average) for the first seven semester cumulative average.

The Athletic Director shall verify the accuracy of all other information provided herein.

The three OAB representatives shall calculate and verify the applicant's score.

Signature of High School Guidance Counselor

Date

Signature of Athletic Director

Date

Signature of Booster Representative

Date

Signature of Booster Representative

Date

Signature of Booster Representative

Date



The following section shall be completed if the applicant is selected to receive the OAB scholarship.

Payment made to (Institution of Higher Learning) _____

Check No. _____ Amount: _____

Date: _____ ***Attached verification supplied by recipient.***

Signature of Booster Treasurer

Date

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