



St. Cloud Area Youth Basketball Association Scholarship Application

The St. Cloud Area Youth Basketball Association is offering a \$500 scholarship to one graduating senior male and one graduating senior female from each of the three St. Cloud High Schools. This scholarship is to recognize the connection that exists between youth basketball participation, academic excellence, community service and leadership.

Please answer all questions carefully and accurately. Only typed or clearly printed applications will be accepted. The St. Cloud Area Youth Basketball Association has full responsibility in the selection process and final determination of recipients. All information contained in this application will remain confidential.

Criteria:

- Must be a graduating high school senior at Tech High School/Apollo High School/Cathedral High School.
- Must attend college or university or post secondary education in the fall of the upcoming semester.
- Must have a minimum 3.0 G.P.A.
- Must participate in extracurricular activities.
- Must demonstrate involvement in community service, outside of school, during the course of the academic school year.
- Must have participated in St. Cloud Area Youth Basketball for a minimum of three years.

Please note: All information should be completed and returned together to your High School Guidance Office by March 30, 2020

Work Experience (include part-time and summer jobs)

Name of school you plan to attend: _____

Occupational field of interest/major: _____

Please explain briefly any special circumstances or qualities that would assist the scholarship committee (i.e. illness, family situations such as lost jobs, death, or any examples of difficulties you have overcome to better your academic career)

E. Personal Essay

On a separate sheet of paper, submit an essay of 500 words or less that describes **Lessons you have learned while participating in youth basketball that apply to life.** Attach a separate sheet of paper for your essay.

Guidance Counselor's Report

_____ has applied for the St. Cloud Area Youth Basketball Scholarship. In that regard, please provide the information requested below. Any information provided will be considered confidential and used by the members of the Scholarship Committee in reviewing the candidate's application.

Please enclose the following:

Grade point average _____

Class Rank _____

Name of School _____

Name of Guidance Counselor _____

Signature of Guidance Counselor _____

Date ____/____/____