



## **St. Cloud Area Youth Basketball Association Scholarship Application**

The St. Cloud Area Youth Basketball Association (SCAYBA) is offering scholarships to selected graduating male and females from each of the three St. Cloud High Schools. These scholarships recognize the connection that exists between youth basketball participation, academic excellence, community service and leadership. Scholarship amount will be dependent on the number of applicants and the qualifications (i.e. GPA and activities) of awarded applicants.

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

Criteria:

1. Must have participated in a minimum of three years of SCAYBA Basketball.
2. Must be a graduating high school senior at Tech High School, Apollo High School or Cathedral High School.
3. Must have participated in a minimum of two years of high school basketball (any level).
4. Must have demonstrated involvement in community service, both inside and outside of high school during the course of the academic school year.
5. Must attend college or university or post-secondary education in the fall of the upcoming semester.
6. Must fully complete and turn in the SCAYBA application by deadline below.

Please note: All information should be completed and returned together to: High School Guidance Office or to: SCAYBA, PO Box 434 St Cloud, MN 56302 Attn: St. Cloud Area Youth Basketball Scholarship.

Responses must be postmarked no later than April 5<sup>th</sup> 2023.

# Player/Student SCAYBA Application

1. Personal Information:

- a. Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
- b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Residence Address (if different): \_\_\_\_\_
- d. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Family History:

- a. Father/Guardian Name: \_\_\_\_\_
- b. Mother/Guardian Name: \_\_\_\_\_

3. Years and Grades when you Participated in SCAYBA: \_\_\_\_\_  
\_\_\_\_\_

4. Years and Level in which you Participated in High School Basketball: \_\_\_\_\_  
\_\_\_\_\_

5. Scholastic Record:

- a. Please indicate your cumulative High School G.P.A \_\_\_\_\_
- b. School Activities or Offices Held (areas, positions, years)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Community Activities (areas, positions, years) – attach separate sheet if necessary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Work Experience (include part-time and summer jobs):  
\_\_\_\_\_  
\_\_\_\_\_

8. Name of school you plan to attend: \_\_\_\_\_  
Occupational field of interest/major: \_\_\_\_\_

9. 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):  
\_\_\_\_\_  
\_\_\_\_\_

- 
- 
10. Personal essay. Please submit an essay of 500 words or less that describes lessons you have learned while participating in youth/high school 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 \_\_\_\_\_

Name of School \_\_\_\_\_

Name of Guidance Counselor \_\_\_\_\_

Signature of Guidance Counselor \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_