

Upper Arlington Ice Hockey Athlete of Distinction Scholarship 2016 Application

Scholarship Background

This scholarship was established to benefit graduating seniors of Upper Arlington High School who are members of the varsity or junior varsity Ice Hockey team.

Eligibility

- Candidates must be graduating seniors of Upper Arlington High School.
- Candidates must play on the Upper Arlington Ice Hockey varsity or junior varsity team.
- Candidates must have a minimum 3.0 grade point average (assuming a scale of A=4.0) by the end of their first semester of their senior year.
- Candidates must plan to pursue post-secondary education at any college, university, or community college in the United States.
- Candidates may attend on a full-time or part-time basis (no fewer than 6 credit hours per term).

Deadline

April 8, 2016 Postmark Date

Please submit COMPLETE Applications to:

Mail:
Ice Upper Arlington Ice Hockey Athlete of Distinction Scholarship
Attention: Scholarship Manager
1234 East Broad Street
Columbus, OH 43205

Fax:
614/251-4010

E-mail:
scholarshipmanager@columbusfoundation.org

Award Amount

\$2,000

Application Requirements

Return documents listed below in ONE envelope postmarked on or before April 8, 2016.

<input type="checkbox"/> Page 1	Cover Sheet	This shows that all boxes are checked to ensure all documents are included.
<input type="checkbox"/> Page 2	Application Form	Contact and College/University Information
<input type="checkbox"/> Attachment 1	Essay	Describe how you have demonstrated leadership ability both on and off the ice (One page maximum)
<input type="checkbox"/> Attachment 2	Community Service List	List any community activities (include year and role).
<input type="checkbox"/> Attachment 3	Transcript	High School Transcript
<input type="checkbox"/> Attachment 4 & 5	Two Letters of Recommendation	Two letters of recommendation that reflect your character. One academic and a work or volunteer reference are excellent options. (Friends and family are not acceptable) If the recommender prefers, recommendations may be mailed separately to Ice Upper Arlington Ice Hockey Athlete of Distinction Scholarship address at The Columbus Foundation.

Applications are considered INCOMPLETE until all pages and attachments have been received.

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Student Contact Information

Name:

Mr. Ms. _____
First Name Middle Initial Last Name

Address: _____
Street

_____ City State Zip

Phone: _____ / _____ Date of Birth: _____
Area Code Month /Day/Year

Email Address: _____

High School

High School: _____

High School Graduation Date (include year): _____

College/University Plans

College/University Name: _____

College/University City: _____ State: _____

Planned Major or Course of Study: _____