

AAU KARATE



SCHOLARSHIP

STUDENT APPLICATION FORM

2017 AAU KARATE SCHOLARSHIP AWARD

AAU Karate Scholarships are awarded annually to a young man and a young woman who have participated in AAU Karate for a minimum of four years. **No other applications will be accepted.** Applications may be submitted to AAU Karate on behalf of an applicant that meets the qualifications, and (a) will be attending an accredited undergraduate college or university for the academic year beginning in the Fall, or (b) are presently enrolled in an accredited undergraduate college or university. Two \$1,000.00 AAU Karate scholarships will be awarded.

This form is to be completed by applicant and his/her parent or guardian.

***** Must be present at the AAU Karate National Championships to receive the AAU Karate Scholarship Award.*****

MATERIALS MUST BE RECEIVED BY FRIDAY, MAY 5, 2017.

PLEASE TYPE OR NEATLY PRINT ALL ANSWERS.

USE THE BACK OF THE FORM IF NEEDED.

GENERAL INFORMATION

Applicant's Name (First, Middle, Initial, Last) _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Email _____

Date of Birth _____ Gender: ☐ Male ☐ Female

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Email _____

List names and ages of other household members _____

ACADEMIC INFORMATION

Applicant is currently attending: ☐ High School ☐ College

Name of School _____

School Address _____

City _____ State _____ Zip _____

Month/Year of High School Graduation _____

If currently attending college/university: Month/Year Started _____

Major/Concentration _____

*****Note: If applicant is currently enrolled in a college or university, both college and high school transcripts must be obtained and forwarded to AAU Karate.**

AAU KARATE SCHOLARSHIP APPLICATION

ON A FINANCIAL BASIS HOW IN NEED OF THE AAU KARATE SCHOLARSHIP ARE YOU?
(PLEASE CIRCLE)

0 1 2 3 4 5 6 7 8 9 10

Not In Financial Need

Semi-Need

Very Much In Financial Need

Please list any other financial aid you are receiving (Example: Grants, Other Scholarships, Full Ride, etc...):

ACADEMIC HONORS & AWARDS:

EXTRACURRICULAR ACTIVITIES (clubs, sports, organizations, etc...)

VOLUNTEER/COMMUNITY SERVICE

KARATE INVOLVEMENT (Tell us about your involvement in the AAU Karate Program.)

OTHER (Any additional information about yourself, that you would like us to consider.)

AAU KARATE SCHOLARSHIP APPLICATION

SHORT ESSAY'S (Answer each question below with a minimum of 200 words.)

1. Explain why you feel you are deserving of this scholarship.
2. How has karate and more specifically the AAU Karate Program influenced your life.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

RETURN FORM TO:
AAU NATIONAL HEADQUARTERS
C/O AAU KARATE SCHOLARSHIP
P O BOX 22409
LAKE BUENA VISTA, FL 32830

LETTER OF RECOMMENDATION

2017 AAU KARATE SCHOLARSHIP AWARD

Note: If your sensei is filling this out please provide the committee, with another letter of recommendation from a non-karate adult or person of influence in your life.

Applicant's Name (First, Middle, Initial, Last) _____

The individual name above wishes to be considered for a one-year non-renewable college scholarship offered by AAU Karate. The scholarship is for an individual who has participated in AAU Karate for a minimum of four years. Scholarships will be awarded for the academic year beginning in the fall 2017.

On a separate sheet or on the back of this form, please state the reasons why you feel the Applicant should or should not be awarded this scholarship. Please type or print clearly, without exceeding one page. Your comments regarding the attributes of this Applicant will be useful to the judges in their deliberations and will be kept strictly confidential.

Please send the recommendations with a signed copy of this form to:

**AAU National Headquarters
C/o AAU Karate Scholarship
P O Box 22409
Lake Buena Vista, FL 32830**

**MATERIALS MUST BE RECEIVED BY FRIDAY, MAY 5, 2017.
TO ASSURE CONSIDERATION OF THIS APPLICANT.**

WHAT IS YOUR RELATIONSHIP TO THE APPLICANT: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ YEARS

HOW DESERVING IS THIS APPLICANT OF THE AAU KARATE SCHOLARSHIP?

(PLEASE CIRCLE)

0	1	2	3	4	5	6	7	8	9	10
Not Deserving			Deserving				Very Deserving			

PLEASE COMPLETE (PLEASE PRINT):

Your Name (First, Middle Initial, Last) _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Signature _____ Date _____

PLEASE ATTACH YOUR ONE PAGE LETTER OF RECOMMENDATION TO THIS FORM.

TRANSCRIPT TRANSMITTAL FORM

2017 AAU KARATE SCHOLARSHIP AWARD

Applicant's Name (First, Middle, Initial, Last) _____

The individual name above wishes to be considered for a one-year non-renewable college scholarship offered by AAU Karate. The scholarship is for an individual who has participated in AAU Karate for a minimum of four years. Scholarships will be awarded for the academic year beginning in the fall 2017. Strong preparation for college studies, evidenced by transcripts, is key criteria for the award.

Please send transcripts with a signed copy of this form to:

**AAU National Headquarters
C/o AAU Karate Scholarship
P O Box 22409
Lake Buena Vista, FL 32830**

**MATERIALS MUST BE RECEIVED BY FRIDAY, MAY 5, 2017.
TO ASSURE CONSIDERATION OF THIS APPLICANT.**

PARENT/GUARDIAN PERMISSION STATEMENT

I hereby give permission for (name of school) _____ to release the transcripts of grades for the Applicant named above to AAU Karate for the 2017 AAU Karate Scholarship Award.

Name of Parent/ Guardian _____
(PLEASE PRINT)

Signature of Parent/ Guardian _____ Date _____

TRANSMITTAL STATEMENT

I hereby certify that the attached is a true and actual copy of the transcript of the Applicant named above.

Name of School Official _____

Title _____
(PLEASE PRINT)

Signature of School Official _____ Date _____