

## Middle Atlantic District AAU Athlete Scholarship Award Application

The mission of the Middle Atlantic District Scholarship Award is to aid Middle Atlantic AAU member athletes in achieving their dreams as athletes and as valued citizens of our communities. This Scholarship Award is given to help the recipients to achieve their physical, mental and moral development and to reward their good sportsmanship and citizenship.

***Applicant MUST be a current 2015 Middle Atlantic District-AAU member***

Date of Application: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

No. of years as an AAU member: \_\_\_\_\_ Current AAU #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Sport(s): \_\_\_\_\_

School (if applicable) \_\_\_\_\_ Graduation Year: \_\_\_\_\_

AAU Coach Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

### **Please attach:**

#### **1. Personal Statement**

- a. Include sports background, current AAU participation, any extenuating circumstances
- b. Athletic, academic, community involvement/achievement

#### **2. What has playing AAU sports meant to you?**

#### **3. Attach an Official Transcript**

#### **4. Three recommendations are required, one from each category below. (No more than one recommendation may be from a family member.)**

- a. Sport coach
- b. Teacher, Counselor or School Administrator
- c. Person from the community

Athlete's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Athletes under the age of 18 must have a parent signature:*** \_\_\_\_\_

Form must be filled out completely and received by the committee February 1. Send to:

Ms. Diane George, Middle Atlantic District AAU Scholarship Chairperson, P.O. Box 242, Oaks, PA 19456

Office use only: Date received: \_\_\_\_\_