

STUDENT/ATHLETE SCHOLARSHIP APPLICATION

*Return the application and all required materials to the GAR High School Guidance Counselor or mail to:

**Jarad Grohowski Foundation
Scholarship Committee
125 Almond Lane
Wilkes-Barre, PA 18702
Ph: (570) 760-3304
Fax: (570) 970-4257**

SCHOLARSHIP APPLICATION DEADLINE: April 30 (of current school year)

SCHOLARSHIPS GUIDELINES:

The Jarad Grohowski Foundation, a non-profit organization, will award a single scholarship, based on the availability of funds. The scholarship may range from \$750.00 - \$1,000.00. This scholarship is a **one-time (non-reoccurring) offering** and will be awarded upon the students successful completion of their first semester of college.

I. ELIGIBILITY REQUIREMENTS:

Recipients of the Jarad Grohowski Foundation Scholarship are required to:

- A. Must have participated in at least 2 years of varsity sports while at GAR High School.
- B. Be enrolling as a first-time college student.
- C. At a minimum, pursuing a two-year (BA) Degree.
- D. Enrolled as a full-time (12-15 hours).
- E. Have and maintained a satisfactory GPA (82.0% - out of – 100%).
- F. Prior to money being presented; student MUST provide first-semester grades from one said College or University to JGF Scholarship Chairperson to confirm all Eligibility Requirements have been fulfilled.
- G. Must Submit a Copy of your current SAT grades also attendance records from 9 through 12 grades

II. APPLICATION PROCEDURES:

- A. Complete and submit Scholarship Application Form to, GAR High School Guidance Counselor.
- B. Include High School Transcripts (grades 9 through 12)
- C. Include Two (2) letters of recommendation.
 1. One (1) letter from High School Teacher or High School Coach
 2. One (1) letter from outside High School, non-family member.
- D. Include one (1) page essay about yourself explaining your personal interest, what you plan to study, why you want to further your education and why you want this scholarship.

III. SELECTION RECIPIENTS:

Selections will be based on student's overall academic progress, extracurricular activities, leadership skills, and participation in community activities.

IV. NOTICE OF AWARDS:

Students will be notified no later than May 31 of the current school year, by phone / or e-mail of the scholarship award.

V. REVOCATION OF AID:

The Jarad Grohowski Student/Athlete Scholarship Committee reserves the right to cancel any scholarship or aid awarded at any time if the applicant fails to meet the standards of academic progress, or falsifies information

STUDENT/ATHLETE SCHOLARSHIP APPLICATION

(Please print legibly or type)

Date Submitted: ____ / ____ / ____

PERSONAL DATA:

NAME: _____

Last

First

MI

Date of Birth: ____ / ____ / ____

HOME ADDRESS:

Street

City

State

Zip Code

TELEPHONE: () _____ Cell: () _____
Area Number Area Number

E-MAIL ADDRESS: _____

EDUCATION:

G.P.A.: _____ Class Rank: _____

What Colleges or Universities have you applied? (Please, indicate whether you've been accepted or not)

What type of college degree are your pursuing?

Will you be participating in any college sports while at college? (Please list)

List any High School Academic awards / achievements received (grades 9 – 12)

Continue:

List any High School [Sports](#) you've played and any honors / recognitions received (grades 9 – 12)

List any [community service, church work, part-time or full-time employment](#) (grades 9 –12)

CERTIFICATION:

I certify that all the information included in this application is true and complete. Also, I grant permission to the GAR High School Guidance Counselor to verify school related information (*Class Rank; GPA and Transcripts*) and to release that information to the Jarad Grohowski Foundation Chairperson.

Student's _____
Signature Date

(If under the age of 18; parental signature is required:

Parent/Guardian:

Print name

Relationship to student

Signature

Date