**Guidelines for the Mabank Athletic Booster Club Scholarship**

**DUE April 23, 2025**

**\*APPLICATION MUST BE TYPED OR LEGIBLY WRITTEN IN INK & FULLY COMPLETED IN ORDER TO BE CONSIDERED\***

The following items are the required minimum criteria for Athletic Booster Clubs to award financial scholarships to student athletes of MISD.

**Award Components**:

The Mabank Athletic Booster Club shall establish an operating budget at the beginning of each school year. Money allocated for scholarships shall not exceed 30% of funds raised by the booster club each year. Student athletes awarded a scholarship must enroll and attend an institute of higher learning with a minimum of nine (9) credit hours within twelve (12) months of graduation. The payment of the scholarship will be made directly to the college, university, or technical institute, after the 15th day of class or after the drop deadline. Direct payment to a student or family member is strictly prohibited.

**Criteria for Scholarships:**

* Graduating Senior of Mabank High School
* Student athlete must complete the scholarship application and submit on or before April 23
* Student athlete must have a GPA of 3.0 or higher
* Student athlete must have demonstrated high moral character during their tenure at MHS
	+ No DAEP assignments
	+ No excessive absences
	+ Recognized with good discipline by school administration and athletic department
	+ Exemplify good sportsmanship toward team members, coaches, opponents and officials
* Student athlete must be cleared by a member of the Athletic Department before they can be awarded a scholarship. (All fees owed must be paid in full and any discipline issues resolved)
* Parent/Guardian/Sponsor of applicant must be an active member of booster club for a minimum of two (2) years.
* Transfer student athletes must letter as a varsity member and their parent/guardian must be an active member of the booster club during the athletic season they participate.
* Provide two (2) reference letters with application. One letter must be from a high school teacher.
* Scholarship applications must be 100% completed and turned into the MHS Counseling Center no later than 3:30 pm, Wednesday April 23rd, 2025…NO EXCEPTIONS.
* Scholarship applications must be reviewed and awarded by a scholarship committee. Scholarship Committee will consist of a minimum of 1 school administrator (to verify grades and school character), 1 Booster club member with no relationship to the applicant (to verify parental involvement in the Booster Club), and 1 member from the community with no relationship to the applicant. Preferably, we would like to have 3 members from the community on the committee.

**MISD Athletic Booster Club Scholarship Application
Due date April 23, 2025**

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| --- | --- |
| Last Name: | First Name: |
| Name & Address of Applicants Parent(s) or Legal Guardian(s):  Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Grade Point Average:(Please attach a copy of your most recent transcript)  |
| What Extra-Curricular Activities, including Community Service/Volunteer work are you involved with: (include leadership contributions, awards, and honors achieved) |
| College, university, or technical Institute you plan to attend: Name of Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you been accepted for admission? Yes\_\_\_\_\_\_ No\_\_\_\_\_  |
| What major, course of study, or certification do you intend to pursue?  |

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| Essay Topic of 300-500 words on: How has your participation in MHS Athletics impacted/shaped your life? How have you contributed to the athletic program? (Essay may be attached separately) |

**Statement of Accuracy**

I hereby affirm that the information provided by me is true and correct to the best of my knowledge. I hereby acknowledge that if chosen to be a recipient of a scholarship, I must provide evidence of enrollment at an institute of higher learning before scholarships funds will be awarded.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coach Evaluation Sheet**

Coach’s Printed Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sport/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This recommendation is to be filled out after the completed application is submitted and before it is reviewed by the scholarship committee.

Directions: Use the scale below to rate your evaluation of the student athlete. Highlight or Circle.

5 – Outstanding; 4 – Very Good; 3 – Average; 2 – Acceptable; 1 – Not Acceptable or did not complete

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Leadership | 5 | 4 | 3 | 2 | 1 |
| Dedication | 5 | 4 | 3 | 2 | 1 |
| Sportsmanship | 5 | 4 | 3 | 2 | 1 |
| Concern for Team | 5 | 4 | 3 | 2 | 1 |
| Role Model | 5 | 4 | 3 | 2 | 1 |
| Positive Attitude | 5 | 4 | 3 | 2 | 1 |

Please give a brief description of why you think the applicant should receive this scholarship:

**Scholarship Review Committee Checklist**

The scholarship review committee must be made up of an odd number (3-5) of members. The committee must include independent members not affiliated with the athletic team. Committee members must not be a parent, step-parent, guardian or family member of an applicant. Coaches of athletic teams shall not be involved.

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| --- | --- |
| **Criteria** | **Yes / No**  |
| Applicant is a graduating Senior of MHS? |  |
| Completed application and submitted prior to deadline? |  |
| Does applicant have minimum GPA of 3.0?Guidance Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |  |
| Verified with school administration there is not a conduct issue, excessive absences or other issue(s) that could prohibit the awarding of scholarship to applicant. Guidance Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |  |
| Is applicant cleared by the Athletic Department?Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |  |
| Verified that the Parent/Guardian is/has been an Active member of Booster Club? |  |
| Submitted two (2) Referenced Letters. One must be from a high school teacher.  |  |

Directions: Use the scale below to rate your evaluation of each area of student’s application.

5 – Outstanding; 4 – Very Good; 3 – Average; 2 – Acceptable; 1 – Not Acceptable or did not complete

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Extra-Curricular Activities & Community Service | 5 | 4 | 3 | 2 | 1 |
| Review of content about applicant in Reference Letters  | 5 | 4 | 3 | 2 | 1 |
| Coach’s Evaluation | 5 | 4 | 3 | 2 | 1 |
| Essay Score | 5 | 4 | 3 | 2 | 1 |

Comments:

Final Rank: \_\_\_\_\_\_\_\_\_