

EBBOA College Scholarship Program

2011-12 Application

Overview:

The East Bay Basketball Officials Association (EBBOA) firmly believes that high school athletics are a vital component of the academic experience. In support of that belief, the EBBOA annually sponsors a College Scholarship Program to reward student-athletes who succeed in the classroom while balancing a commitment to a basketball team.

The EBBOA College Scholarship Program is funded almost entirely by donations from EBBOA members. Many officials in our association donate game fees from up to three games they work during the season to the Scholarship Program.

Scholarships are awarded on an annual basis. The EBBOA College Scholarship Program Selection Committee determines the amount of scholarships awarded each year based on the number of qualified applications received and the total amount of money raised.

Eligibility:

To be eligible for an EBBOA College Scholarship, student-athletes must meet all of the following criteria:

- Be a graduating senior and member of a high school basketball program served by the EBBOA,
- Have maintained a minimum high school GPA of 2.5,
- Intend to enroll full-time in a two or four-year college/university beginning the following Fall term, and
- Have submitted a complete application prior to the deadline, **March 18, 2012**.

To Apply:

Applications must be completed fully. Please use the checklist below to ensure that you have completed all of the necessary requirements:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Personal Information & School History |
| <input type="checkbox"/> | Official Copy of Most Recent High School Transcript(s) |
| <input type="checkbox"/> | Two Essays |
| <input type="checkbox"/> | Two Recommendations |
| <input type="checkbox"/> | Application Statement & Signature Sheet |
| <input type="checkbox"/> | Postmarked by March 18, 2012 |

Please mail completed application to:

**EAST BAY BASKETBALL OFFICIALS ASSOCIATION
ATTN: COLLEGE SCHOLARSHIP PROGRAM
35 ABBOTT DRIVE
OAKLAND, CA 94611**

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Personal Information:

Full Legal Name: _____
 Last First Middle

Home Address: _____
 Street City State and Zip Code

Mailing Address (if different): _____
 Street City State and Zip Code

Home Phone #: () _____ E-mail Address, if any: _____

Birthdate: / / _____ Social Security #: / / _____
 Month / Day / Year

Gender: Male Female

School History:

School Currently Attending*: _____

Dates Attended: / / _____ to / / _____
 Month / Day / Year Month / Day / Year

Cumulative GPA: _____ # years of participation in basketball program: _____

Expected Date of Graduation: _____

Other Schools Attended, if any*: _____

Dates Attended: / / _____ to / / _____
 Month / Day / Year Month / Day / Year

Cumulative GPA: _____ # years of participation in basketball program: _____

Other Schools Attended, if any*: _____

Dates Attended: / / _____ to / / _____
 Month / Day / Year Month / Day / Year

Cumulative GPA: _____ # years of participation in basketball program: _____

*Please submit a copy of most recent transcript from every high school you have attended.

Essay Questions:

Please complete the following two essay questions. Responses should be typed, double spaced, and submitted on plain white paper. When responding to each question, please begin by retyping the question. Please limit your responses to the length indicated.

- 1. Describe how your experience in high school athletics has contributed to your personal development. (300 - 500 words)*
- 2. What are the three most important things that you hope to gain by attending college and why? (300 - 500 words)*

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Please print, sign and mail this form along with all of your other application materials (i.e. personal information sheet, official copy of high school transcript(s), two essay questions, and two recommendations).

Application Statement & Signature:

All information in this application is true, accurate, and complete to the best of my knowledge. I have formulated and written all essay questions without assistance of any kind. I understand and agree that misrepresentation or omission of facts in my application will justify elimination from consideration for a scholarship. I hereby authorize the EBBOA College Scholarship Selection Committee to verify any information I submit.

Signature

Date

Print Name

Date of Birth

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6. Describe the impact has this person had on the team or classroom in which he/she participates.

7. Please give us your appraisal of the applicant in terms of the qualities listed below. Describe the reference group you are using.

	No Information	Below Average (Bottom Third)	Average (Middle Third)	Good (Top Third)	Excellent (Top 15%)	Outstanding (Top 5%)
Integrity						
Leadership Potential						
Team Player						
Self-Confidence						
Personal Maturity						
Imagination and Creativity						
Motivation						
Discipline						
Intellectual Ability						
Analytical Ability						
Potential to Succeed in College						

8. Please feel free to comment on the ratings that you have assigned in #7 and make any additional statement about the applicant's record, potential, or personal qualities that you believe would be helpful to the Selection Committee in considering this person's application for an EBBOA College Scholarship.

Recommender's Signature: _____ Date: _____

Recommender's Name (please print): _____

Position or Title: _____ School: _____

Business Address: _____

Street City State Zip

Home Address: _____

Street City State Zip

Indicate preferred method for EBBOA correspondence:

- Business Telephone # _____
- Home Telephone # _____
- E-mail Address _____

RECOMMENDATION #2

Name of Recommender: _____

Note to Applicant: Please complete the top section of this form. Deliver or mail this form together with a self-addressed stamped envelope to the person who will write your recommendation. Ask your recommender to enclose the form he/she has written on your behalf, seal the envelope, sign across the seal, and mail it to you. Enclose sealed envelope with your completed application.

Name of Applicant: _____
Last First Middle

High School Currently Attending: _____ Date of Birth: ____/____/____
Month / Day / Year

Signature: _____ Date: _____

Note to Recommender: The person whose name appears above is applying for an EBBOA Scholarship to help fund their college education. Your candid assessment of the applicant will assist the EBBOA Board of Directors in its evaluation. We thank you for your considerable time and effort. This recommendation is to be mailed to the applicant. **Please seal and sign the back flap of the envelope.**

1. How long have you know the applicant and in what connection? Please comment on the frequency and context of your interaction.

2. If applicable, briefly describe the applicant's role on your team, or in your classroom or school.

3. What do you consider the applicant's talents or strengths?

4. What do you consider the applicant's weaknesses or developmental needs?

5. In what developmental areas has the applicant improved the most over time?

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6. Describe the impact has this person had on the team or classroom in which he/she participates.

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