



2017-2018 APPLICATION
Julia Shew Memorial Rowing Scholarship
DEADLINE: Friday, December 1, 2017, 8 PM

Julia Shew Memorial Rowing Scholarship Application

The Occoquan Boat Club (OBC) is committed to developing athletes and the sport of rowing on the Occoquan River. OBC is pleased to offer scholarships to athletes who need financial assistance to participate in their high school rowing club program.

Proceeds from the annual Occoquan Memorial Sprints (OMS) and private donations provide the financial support for this scholarship. The number and dollar value for scholarships are dependent upon fund availability and the number of requests, and will be determined by the Occoquan Boat Club Board of Directors and Scholarship Committee.

- Scholarships are limited to athletes in those clubs that are based on the Occoquan (Sandy Run, Bull Run, Oxford House).
- Awards are expected to range from \$200 - \$400.
- The information contained in this application will be kept confidential and shared only with the OBC Scholarship Committee. Athletes' names will not be identified in any promotional or fundraising activities.
- **Scholarship Criteria:**
 - Clear demonstration of financial need through recommendations
 - Athletes participation in free/reduced lunch program
 - Grade in school
 - Crew involvement/ commitment

INSTRUCTIONS

(please read carefully so you do not jeopardize your application being reviewed)

Complete **ALL** sections of the application, including **all** signatures and recommendations (**no electronic signatures**).

All portions of the application must be submitted together.

Only hard copies of complete applications will be reviewed; **no electronic or faxed materials will be accepted.**

Incomplete applications will not be considered and you will not be contacted for missing information.

There will only be **ONE** deadline so please make sure you have allowed enough time to gather signatures and submit in a timely manner.

Applications can be mailed or hand delivered, but must be **RECEIVED** at the below address by the specified deadline. Please allow plenty of time when mailing, post marked dates will not be taken into account.

DEADLINE: Must be RECEIVED by 8:00 PM Friday, DECEMBER 1, 2017

Submit to: Clint Spooner,
OBC Scholarship Chair
7107 Roxann Rd.
Alexandria, VA 22315

- Awards will be made within 3 weeks of the deadline.
- Athletes and their families will be notified of scholarship awards.
- Payments will be made directly to the athlete's Booster Club President.
- Questions can be submitted to clint.spooner@gmail.com.



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Complete ALL Sections

ATHLETE INFORMATION

Athlete Last Name	First Name	Middle Initial	Sex	Date of Birth	Age
Home Address	Apt No.	City	State	Zip Code	
Home Phone	Email Address	Parent/Guardian Name			

ROWING INFORMATION

High School	Athletic Director	Contact Number	Email Address
Coach Name	Email Address	Contact Number	
Booster Club President	Email Address	Contact Number	
Club Address (for payment).	City	State	Zip Code
Current Grade () 9 th , () 10 th , () 11 th , () 12 th	GPA (Most Recent Quarter)	Participant in Free/Reduced Lunch Program? () Yes () No	
() Coxswain () Rower	No. of Years on Team (including this year)		

SCHOLARSHIP REQUEST

Amount Requested:
Reason for Request <i>(please explain, briefly, why you require assistance; this should be specific and reflect financial need; attach a separate sheet of paper if you prefer)</i>
What costs will this scholarship cover?
How do you (Athlete and/or Family) contribute to your Club <i>(i.e. fundraising, volunteering)</i> ?

I verify that the information is accurate in support of my/our request for financial assistance.

Athlete

Parent/Guardian

Date

Date

RECOMMENDATIONS (minimum of 2 recommendations)

I, _____, have reviewed the above request for financial assistance and recommend this athlete for the requested scholarship.

Comments in support of recommendation *(Recommendation should attest to the financial need/hardship of the family/athlete as well as to the athlete's scholastic good standing and promise or record as a rower/teammate; attach a separate sheet of paper if you prefer)*

 Signature of Coach

 Date

AND

I, _____, have reviewed the above request for financial assistance and recommend this athlete for the requested scholarship.

Comments in support of recommendation *(Recommendation should attest to the financial need/hardship of the family/athlete as well as to the athlete's scholastic good standing and promise or record as a rower/teammate; attach a separate sheet of paper if you prefer)*

 Signature of Athletic Director OR Booster President

 Date

OBC SCHOLARSHIP COMMITTEE REVIEW

Date Application Received	Date Reviewed	Reviewer Names
Approved: () Yes () No, explanation for denial:		Amount Approved

2 signatures required:

 Committee Reviewer Signature

 Date

 Committee Reviewer Signature

 Date

PAYMENT

Check Made Payable to:	Check Number	Check Amount	Date Mailed:
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 OBC Treasurer

 Date