

John 'Butch' Rossi SWOADA Scholarship Application

Section 1 – To be completed by the student

Student Name: _____

Male or Female (circle one)

Home Address:

_____ Phone: _____

_____ Email: _____

High School: _____

Name and Address of the College where the scholarship will be applied:

College/University _____

Address _____

Major Field of Study _____

Recommendation by three (3) Professional Personnel from your school, including the Principal:

1. _____ Principal

2. _____ Title: _____

3. _____ Title: _____

Student Essay

Please, write a short essay on why you deserve this consideration for the SWOADA scholarship and how the scholarship would benefit you:

(Use the back if necessary)

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Section 2 – To be completed by High School

Principal/Guidance Office

Student's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Scholastic Ranking ____ / ____

GPA ____ /4 pt Scale ACT Score ____ SAT Score ____

Athletic Participation:

List of Sports include letter(s) earned:

Special Awards

List Honors Earned

All State Honors

All League Honors

All Star Games Participant

Other

School/Community Service Organizations:

(i.e. NHS, Class Officer, Key Club, Student Mentor)

List/Organization (Years)

Other School Related Activities:

(i.e. Drama Club, Chess Club, Academic Team, FFA)

List of Clubs (Years)

Principal Name _____ Date _____

Principal Signature

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Section 3 – To be completed by Parent/SWOADA member

SWOADA Member/Parent Name: _____

SWOADA Member/Parent School: _____

SWOADA Membership (Number of Years) _____

Association Leadership

List Position and Years of Service

SWOADA Board+OIAAA Board _____

SWOADA Board _____

SWOADA Committee Chair _____

SWOADA/OIAAA Conference Speaker _____

SWOADA/OIAAA Membership _____

Please describe and/or list SWOADA members additional service to our professional athletic administration organizations and league affiliated conferences not associated with athletics directly at your school (i.e. tournament manger):

The above information is given with my full knowledge and approval.

SWOADA Member/Parent Signature Date

Scholarship Requirements

1. Eligibility for SWOADA Scholarship - To be eligible to receive a SWOADA Scholarship, the applicant must be the son/daughter of an Active or Retired Athletic Administrator who is also a current member of the SWOADA.
2. The amount of the scholarships paid out on a yearly basis by the SWOADA shall not exceed \$1,500 and can be split among up to three scholarship winners.
3. The Executive Committee will select the scholarship winner(s) based on the overall qualifications and needs of the applicants.
4. Scholarship payment will be made to the student and/or parent upon verification of tuition payment.
5. Applicants may not be a previous SWOADA Scholarship recipient, but may be a college undergraduate student. College students are considered if there are no high school applicants. AD must be a member of SWOADA by Oct 31st for the student to be considered.
6. Scholarships should be emailed to the current SWOADA President.