AARON DAVIES MEMORIAL
BASKETBALL SCHOLARSHIP AWARD

SCHOLARSHIP REQUIREMENTS

1. Applicant must be a graduating senior of Weir High School. The scholarship will be a one-time only award to an individual. No post-graduate applications will be accepted.

2. The scholarship will be awarded to a basketball player. Applicant must have been a member of WHS basketball team at least two (2) years (9-12).

3. Applicant must earn a 3.0 GPA or higher and has plans of attending a four year college.

4. Applicant must have good character; demonstrate good sportsmanship and leadership on the court and in the classroom.

5. The applicant must provide two (2) personal letters of recommendations from teachers, principals, ministers, coaches whom they have known for at least 2 years. No relatives are permitted to be references.

6. Applicant must write 200 words or more on what role basketball has played to overcome adversity, develop their character and help to achieve future success?

7. The scholarship will be available to qualified students regardless of race, color, religion, sex, or national origin.

8. The final decision on the awarding of the scholarship shall be made by the Aaron Davies Memorial Basketball Scholarship Committee. All decisions are final.

9. The application is due in the guidance office by - be sure to check with your counselor for the current year deadline.
APPLICATION FORM
AARON DAVIES MEMORIAL
BASKETBALL SCHOLARSHIP AWARD

Student’s Name_____________________________________________________
LAST                                                  FIRST                                                  M.I.

Home Address ______________________________________________________

City_____________________________   State________   Zip Code___________

Telephone Number (            ) ___________  Date of Birth_________

Parent/Guardian Name(s) _____________________________________________
__________________________________________________________________

GPA______________*Must be certified by Weir High (attach copy of transcripts)

Post-Secondary School for which scholarship is requested:

Name: ______________________________________________________________

Address: _________________________  City __________________ State______

Date of application to this school: ____________ Have you been accepted?____

What degree/course of study will you pursue? _____________________________

Other schools to which you have applied (list in order of preference)
__________________________________________________________________
__________________________________________________________________

Extracurricular activities (Clubs, offices held, awards, community service,
Volunteer work)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Write 200 words or more on what role basketball played to overcome adversity, develop their character and help you achieve future success? (Please type)
CERTIFICATION:

We hereby grant permission to school officials to release to the scholarship committee a copy of the applicant’s transcript of grades, class rank and any other school-related information that would help the committee select the scholarship recipient.

We certify the information provided within this application is both complete and accurate to the best of our knowledge. Any false information will result in the disqualification of the application and we agree to return ALL funds awarded. We understand this scholarship is to be applied to tuition and education-related expenses ONLY.

We also agree to provide any and all information requested by the scholarship committee to verify the applicant’s acceptance and completion of studies for the school year in which this scholarship is rewarded. We understand that if said studies are not completed, we will repay the scholarship IN FULL immediately to Weir High School and the fund.

Student’s Signature: _______________________________ Date: _________

Parent/Guardian’s Signature: ______________________ Date: _________
AARON DAVIES MEMORIAL
BASKETBALL SCHOLARSHIP AWARD
LETTER OF RECOMMENDATION FORM

Scholarship applicant’s Name________________________________

Last          First          Middle

How long have you known the Applicant ___________years

Provide recommendation on the sheet

Signature___________________
_____________Position/Title______________

Name_____________________________________________________________

PLEASE PRINT

Address__________________________________________________________