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. Applicant must have been a member of a WHS basketball team at least two years during his/her high school education.

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. In no more than 250 words, applicant must share how basketball has influenced their experience in overcoming adversity, developing character and achieving 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 scholarship is administered by the Community Foundation for the Ohio Valley – the recipient will receive correspondence related to scholarship acceptance and a request for payment information. Scholarship checks are made payable to the recipient’s college/university.

10. The application is due in the guidance office by _________________
APPLICATION FORM

AARON DAVIES MEMORIAL BASKETBALL SCHOLARSHIP

Name: ___________________________________________ 

Address: ______________________________________________________________________

City: __________________________ State: ______ Zip Code: ______

Telephone Number: __________________________

Email address: ________________________________________________________________

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, leadership, awards, community service, volunteer work)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Essay

In no more than 250 words, applicant must share how basketball has influenced
their experience in overcoming adversity, developing character and achieving
future success.
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.

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 ___________

Provide recommendation on the sheet

Signature____________________________ Position/Title_________________________

Name__________________________________________________________________________

PLEASE PRINT

Address________________________________________________________________________

Date________________________
AARON DAVIES MEMORIAL
BASKETBALL SCHOLARSHIP AWARD
LETTER OF RECOMMENDATION FORM

Scholarship applicant’s name________________________________________________________

How long have you known the Applicant __________

Provide recommendation on the sheet

Signature__________________________________Position/Title________________________

Name________________________________________________________

Address________________________________________________________

Date________________________