

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 _____

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 _____

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