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 February 23, 2022
APPLICATION FORM

AARON DAVIES MEMORIAL BASKETBALL SCHOLARSHIP

Name: ___________________________  ___________________________  ___________________________
                        LAST                        FIRST                        M.I.

Address: __________________________________________________________

City: ___________________________  State: ______  Zip Code: ______

Telephone Number: ___________________________

Email address: ______________________________________________________

*be sure to use an email address you can access AFTER graduation

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____________________________________________________________

Last                      First                      Middle

How long have you known the Applicant  __________

Provide recommendation on the sheet

Name____________________________________________________________

Signature____________________________Position/Title_________________

Address________________________________________________________

PLEASE PRINT