

QUAKER ATHLETIC BOOSTER CLUB
 Orchard Park Central Schools
SENIOR SCHOLARSHIP APPLICATION

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Homeroom _____ Counselor _____

School Athletic experiences: List all school athletic teams in which you have participated during the last 4 years (JV and Varsity). Indicate all special awards and honors. List all leadership positions. Check academic years during which you participated

Activity	9	1	1	1	Special Awards/Honors	Leadership Positions	9	1	1	1
	t	0	1	2			t	0	1	2
	h	t	t	t			h	t	t	t
	h	h	h	h			h	h	h	h

Academic Record:

Overall Academic Average -- 3 1/2 years* _____

Class Ranking* _____

Must be completed and initialed by current School Counselor _____

COMMUNITY AND VOLUNTEER SERVICE: List all community and volunteer activities in which you have participated in in the last 4 years indicate any special awards or honors. List all leadership positions and offices held.

Activity	9	1	1	1	Special Awards/Honors	Leadership Positions	9	1	1	1
	t	0	1	2			t	0	1	2
	h	t	t	t			h	t	t	t
	h	h	h	h			h	h	h	h

EMPLOYMENT: List your current employment.

Employer/Location	Job Duties	Hours/Week	Length of Employment

REQUIRED ESSAY:

Write a brief essay on "How sports impacted my life".

Completed applications must be returned to

**QABC Scholarship
 Orchard Park High School Main Office
 4040 Baker Road Orchard Park, NY 14127**

APPLICATION DEADLINE: March 29, 2021

QUAKER ATHLETIC BOOSTER CLUB SENIOR SCHOLARSHIP APPLICATION



The Quaker Athletic Booster Club (QABC) will award a \$1,000 scholarship each to a male and a female student/athlete who have been active in the OPHS athletic program and have been a participant in at least two varsity sports. All applicants must fill out the QABC scholarship packet and include 2 OPHS coach recommendations.

Application Deadline: March 29, 2021

Please be sure to include:

- 1. Completed QABC scholarship application form**
- 2. Written brief essay: "How sports impacted my life"**
- 3. Two (2) OPHS coach recommendation forms in a SEALED ENVELOPE****

*****It is applicant's responsibility to follow up with all coaches to be sure forms are turned in by deadline.***

Return to:
QABC Scholarship
Orchard Park High School
Main Office
4040 Baker Road
Orchard Park, NY 1412

QUAKER ATHLETIC BOOSTER CLUB
Orchard Park Central Schools
Senior Scholarship Application
CONFIDENTIAL RECOMMENDATION FORM

Evaluator's name _____

_____ (Student's Name) is applying for the QABC Scholarship.
 Your personal evaluation of this student athlete, based on the following criteria, would be very helpful to us in considering his/her application. Please place a checkmark in the appropriate box.

	WEAK	AVERAGE	ABOVE AVERAGE	SUPERIOR
Personality/Attitude				
Work Ethic				
Commitment				
Leadership Skills				
Reliability				
Punctuality				
Self-Motivation				
Team Player				
Resourcefulness				

Additional Comments (optional) _____

 Evaluator's Name and Title (if appropriate) Date

Please return this **CONFIDENTIAL** form in a **SEALED ENVELOPE** to the student applicant!

***It is the responsibility of the student-applicant to collect the recommendation form from the coach and return it with the completed application packet to the QABC.*

APPLICATION DEADLINE: March 29, 2021

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Orchard Park Central Schools
Senior Scholarship Application
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APPLICATION DEADLINE: March 29, 2021