CLARE KAPRAL MEMORIAL OVAC TRACK AND FIELD SCHOLARSHIP

- The recipient of this scholarship shall be an OVAC academic athlete who needs and deserves financial assistance in acquiring training beyond the high school level.
- 2. The amount of the scholarship shall be \$1,000.00 for the year. This scholarship is for one year only.
- 3. The scholarship may be awarded for any accredited college or university as well as any technical or business school. Payment of the award will be made to the student upon proof (transcript) that they successfully completed their first quarter/semester of school. IF THE SCHOLARSHIP IS NOT CLAIMED BY JUNE 30, 2025, IT SHALL BE FORFEITED.
- 4. The check shall be made out to and mailed to the applicant unless otherwise requested.
- 5. Candidates for this scholarship must be seniors who qualify on the basis of financial need, character, leadership, citizenship, participation in activities, and scholarship. They must have at least a 3.2 GPA on an unweighted 4.0 GPA scale, have an ACT test composite of 20 or better (SAT composite of 950 or better), and participate in OVAC track for at least two (2) years during the applicant's freshman through senior years.
- 6. The final date for receiving scholarship applications shall be **MARCH 22, 2024**.
- 7. Each school is permitted **ONE (1) applicant.** The applicant may be male or female.
- 8. In case the winner becomes ineligible or refuses this award, an alternate will be selected by the committee.
- 9. The final decision on the awarding of the scholarship shall be made by the Scholarship Committee of the Ohio Valley Athletic Conference.
 - 10. Mail this completed application directly to:

DIRK DeCOY, Executive Director 62771 Keystone Dr. Bellaire, OH 43906

MUST BE POSTMARKED BY IMARCH 22, 2024

This information will be kept confidential and will be destroyed after use.

FULL NAME:
SCHOOL:
HOME ADDRESS:
CITY:
STATE:
ZIP:
PHONE NUMBER:
(
COLLEGE ATTENDING:
MAJOR:

FOR COMMITTEE USE ONLY:

Leadership/Activities	·
Financial	
Academics	
Athletics	

TOTAL

FINANCIAL

FATHER'S NAME:	IMANOIAL		
	1. What is the ENTIRE family's yearly		
OCCUPATION:	gross income based on last year's W-2 form?		
MOTHER'S NAME:	\$; 2. Number of children in family;		
OCCUPATION:	Number of children living at home (including yourself);		
	Siblings attending college (current year)		
LEADERSHIP & ACTIVITIES	ACADEMICS		
Please check the following activities that you have been involved with over your past four years in high school:	Grade Point Average (on an un- weighted 4.0 scale. If you use otherwise, con- vert it to a 4.0 scale before submitting.)		
Class officer National Honor Society NHS officer	Class Rank: out of ACT Composite Score SAT Composite Score		
Student Council/Government	Student's Signature:		
SC officerBoys' State/Girls' State (Delegate only; not alternate)	Coach's Signature:		
National Merit Qualifier	Guidance Counselor's Signature:		
JETS			
Only the above activities are considered. PLEASE DO NOT ADD any others.	Principal's Signature:		

A certified transcript must accompany this application.

ATHLETICS

LIST/CIRCLE YEARS YOU **COMPETED** IN VARSITY SPORTS:

Sport: _					Please check all whic
(9	10	11	12	E
Sport:					E
(9	10	11	12	E
Sport:					
(9	10	11	12	F
Sport:					
Ć	9	10	11	12	
LIST/C	IRCI E	YFAR	S YOL	J <u>LETTERED</u> IN	
VARSIT				<u>LETTERED</u> IN	
Sport: _					1
Ç	9	10	11	12	\
Sport:					\
Ç	9	10	11	12	Have you ever won C
Sport:					any of the following (imember).
Ç	9	10	11	12	Please check all which
Sport:					–
		10			

OVAC ATHLETIC HONORS

Have you ever received **ALL-CONFERENCE FIRST TEAM** honors in any of the following (you would have received a certificate for this).

Please check all which apply:				
	Baseball			
	Basketball			
	Bowling			
	Cross Country			
	Football			
	Golf			
	Soccer			
	Softball			
	Swimming			
	Tennis			
	Volleyball			
	Wrestling			
Have you ever won CHAMPIONSHIP honors in any of the following (individual or as a relay team member).				
Please check all which apply:				
	Swimming			
	Track			
	Wrestling			