### **OVAC AMANDA ROSEPAPA MEMORIAL SOFTBALL SCHOLARSHIP**

- 1. The recipient of this scholarship shall be an OVAC academic athlete who needs and deserves financial assistance in acquiring training beyond the high school lev-
- 2. The amount of the scholarship shall be \$500.00 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 softball 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.
- 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:

I N	MUST BE POSTMARKED BY	
I	Beliane, Off 40000	
I	62771 Keystone Dr. Bellaire, OH 43906	
I	DIRK DeCOY, OVAC Executive Director	

# **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	

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

A certified transcript must accompany this application.

#### **ATHLETICS**

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

Sport:					Please check all which apply:		
!	9	10	11	12		Baseball	
Sport:			· · · · · · · · ·			Basketball	
!	9	10	11	12		Bowling	
Sport:						Cross Country	
!	9	10	11	12		Football	
Sport:			· · · · · · · · ·			Golf	
!	9	10	11	12		Soccer	
LICT/O	IDOL			NI I ETTERER IN		Softball	
VARSI				OU <u>LETTERED</u> IN		Swimming	
Sport:		1 1 1 1	-1 1 1 1			Tennis	
!	9	10	11	12		Volleyball	
Sport:						Wrestling	
	9	10	11	12	Have you ever won <b>CHAMPIONSHIP</b> honors in any of the following (individual or as a relay tean		
	9	10	11	12	member).  Please check all w		
Sport:		10	11	12		Basketball	
!	9					Track	
						Softball	

**OVAC ATHLETIC HONORS** 

Have you ever received  ${f ALL\text{-}CONFERENCE}$  FIRST TEAM honors in any of the following

(you would have received a certificate for this).