**Glen Allen Youth Athletic Association www.GlenAllenSports.com** 

**Joel Booth Memorial Scholarship**

*“Today’s Youth, Tomorrow’s Leaders”*

**Amount of Scholarship**

1. These scholarships began being awarded in 2006 and will be continued on an annual basis thereafter. 2. Up to four (4) annual scholarships in the amount of $500.00 (five hundred dollars) each will be awarded to a graduating senior from area high schools (to include private schools) pending completed application, who meet the eligibility requirements, and the completion of selection process.

**Eligibility Criteria**

1. The applicant must be a graduating HS senior.

2. The applicant must complete and submit a Joel Booth Memorial Scholarship Application with a letter of reference from counselor, teacher or school advisor by **March 30th of the graduating year.**

3. **Applications must be emailed to Glen Allen Youth Athletic Association, ATTN: JOEL BOOTH SCHOLARSHIP: Vice President, at President@glenallensports.com.**

4. The recipient must enroll as a full-time freshman at an accredited community, junior/four-year college or university, or trade school.

5. The applicant must have been a member of Glen Allen Youth Athletic Association for a minimum of 3 years. 6. The applicant must complete a personal statement 200-word (maximum) essay. The essay shall be a personal statement describing how your participation in Glen Allen Youth Athletic Association has affected your life and your future.

**Financial Procedures**

1. The scholarship will not renew to prior recipients. Further, the scholarship will be awarded on an annual basis to new recipients that meet the eligibility criteria and are selected by the Scholarship Committee.

2. Upon determination of eligibility and selection, the association will notify the recipients and their respective school. 3. The scholarship check will be made payable to the accredited community, junior/four-year college or university, or trade school in which the recipient is enrolled and mailed by the Association Treasurer to arrive at the school **no later than August 15** of their freshman year. The scholarship check will have the recipients’ social security number and students name written on the check.

**Procedures for Selecting Recipients**

1. The Scholarship shall be available on an annual basis until there is a majority vote of the Board of Directors to end. 2. The Scholarship Committee shall consist of the Vice President, plus four (4) members of the Glen Allen Youth Athletic Association Board of Directors who have been appointed by the President of the Association.

3. The Vice President (or designee) shall prepare the applications for review by the Scholarship Committee by making a copy of the application, removing any names from the applications and marking the application and the copy with a number prior to submitting the applications to the committee for selection.

4. The Vice President (or designee) shall ensure that applications include a letter of recommendation. However, all references shall be removed that identify any student names from the letters of recommendation to ensure the selection committee does not know who the applicants are.

5. The selection committee shall take into consideration:

a. Applicants Essay

b. Community Service

c. Participation in the Association

d. Achievement

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**Applicant Information Cover Page**

Applicants Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone (\_\_\_\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_ Cell Telephone (\_\_\_\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_-\_\_\_-\_\_\_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_\_/\_\_\_\_\_ Date of Senior Awards Program/Assembly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **This cover sheet MUST BE DETACHED prior to forwarding the application to the Selection Committee**

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**Application**

**List in order of preference the colleges/university to which you have applied:**

**Name of Institution City / State Accepted (Y/N)**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Anticipated GPA upon HS Graduation:**

**What are your occupational or professional plans?**

**Years Participated at Glen Allen Youth Athletic Association:**

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**Athletic Activities and Leadership Positions/Awards:**

**Community Volunteer Activities and Club Activities and Leadership Position/Awards: Please describe how you plan to finance your education**:

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**Applicants Personal Statement:** Please include your written personal statement of approximately 200 words. The essay shall be a personal statement describing how your participation in Glen Allen Youth Athletic Association has affected your life and your future.

**If additional space is needed to answer any question please attach your statements to this application along with a sealed reference from a teacher, guidance counselor, or advisor.**

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**Scholarship Recommendation Form**

**Deadline for Application/Recommendation – May 15th**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Print**

***● This student is being considered for the Joel Booth Memorial Scholarship.***

***● The provisions of the scholarship require a recommendation from a teacher, guidance counselor/school advisor. ● Please use the space below (and/or provide digital recommendation to: President@GlenAllenSports.com) to describe your knowledge of the applicants’ background and abilities.***

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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