

Cy-Fair Girls Athletic Association

Charles J. Morganti Memorial Scholarship

Scholarship Objective and Rules

OBJECTIVE:

Provide students with financial assistance for higher education by awarding scholarships to children who have participated in the CFGAA, considering academic achievement.

RULES:

Independent Committee: The CFGAA Board will appoint an independent committee to receive applications, review and make award recommendations.

Scholarships: Each year the CFGAA Board will determine the number and amount of scholarships before the year's application are sent out.

Qualified Applicants: Applicants must meet the following requirements:

- Player Member in the **CFGAA Organization** for at least three (3) years
- Graduating senior at a CFISD High School or a graduating senior at another high school and a resident of Harris County or surrounding counties. These counties, which border Harris County are Brazoria, Chambers, Fort Bend, Galveston, Liberty, Montgomery and Waller County.
- Accepted as a full time student to a four-year accredited university or college, or an accredited junior college

Calendar:

- | | |
|---|--------------------|
| • Application Deadline, must be postmarked by | Memorial Day |
| • Scholarship Committee Decision | Mid-June |
| • CFGAA Award Letter | Mid-June |
| • CFGAA provides certificates to recipients at the
Appropriate awards ceremony | July Board Meeting |
| • Scholarship Payout – 50% to college or student | July Board Meeting |
| • Scholarship Payout – 50% to college or student | October 1 |

Selection Process: The application will be made available to Qualified Applicants. The application must be completed and returned in a sealed envelope to the CFGAA Scholarship Committee by the indicated deadline. The Scholarship Committee shall meet to review and evaluate applicants and make recommendations to the CFGAA Board by June Board Meeting.

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Application for Grant

Name of Applicant: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Social Security Number: _____

Email Address: _____

Current Address: _____

Cell Phone: _____ Home Phone: _____

U.S. Citizen: Yes No If no, do you intend to become a U.S. Citizen? _____

Name of Parent or Guardian: _____

Parent/Guardian Address: _____

Name of Colleges or Universities applied to (*Please indicate college attending)

Playing College Softball: Yes No

What is your planned major? _____

Athletics/Participation in the CFGAA Organization

CFGAA Participation:

List the Season(s)/Year(s) for each team, team name, age level, coach and coach phone number of **ONLY CFGAA** teams played on:

Year	Team	Age Level	Coach	Coach #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

School Participation:

List the Year(s) for each team, coach, coach phone number, sport and level (Junior Varsity and Varsity)

Year	Sport	Level	Coach	Coach #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

High School Team Awards/Recognition(s)

Award	Grade Level	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you participate as a youth umpire for **CFGAA**? If so, please list year(s) and UIC

Year	UIC
_____	_____
_____	_____
_____	_____
_____	_____

Did you volunteer or work contract labor at the **CFGAA** Concessions? If so, please list year(s) of service and Concession Stand Director: **(does not qualify if you hosted a tournament with your tournament team)**

Year	Concession Stand Director
_____	_____
_____	_____
_____	_____
_____	_____

Did you volunteer for any camps, clinics, tryouts or assist in coaching duties for **CFGAA**? Please list year, event and either a coach or board member for verification

Year	Event	Coach	Coach #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Achievement

Current High School _____

Senior Counselor _____ Phone Number: _____

High School Program ___General ___Honors

Grade Average/Scale _____ Class Rank ____ of ____

Please attach most current copy of High School transcript

Activities, Awards and Honors

1. List all non-athletic school activities in which you have participated during the past four years (e.g. student council, music, PALS, etc.) Attach additional sheet if necessary. List all community activities in which you have participated during the list four years (e.g. Girl Scouts, volunteer, Special Olympics, etc.) Note all special awards, honors and offices held:

Activity	years of participation	Awards/Honors
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Experiences, Goals and Aspirations Narrative
(please attach on a separate sheet of paper).

1. Other than the obvious values of teamwork and leadership, what impact has softball had on your life?
2. Tell us about your educational and career objectives as well as your long term goals.
3. Who is your mentor and why?

Recommendation

Required are two letters of recommendation; one from a teacher; one from a counselor, employer, coach or religious leader. The letter should comment on the applicant's qualifications for the scholarship and the applicant's character that reflects highest ethical standards. Please use the form that is part of this application. Below, please provide the names of the two people submitting recommendations on your behalf and their title:

Name	Title
1. _____	_____
2. _____	_____

Signature of Applicant:

I certify that the information supplied on this application is factual and correct to the best of my knowledge and I agree to inform the CFGAA Scholarship Committee of any changes which occur in the above information. I further agree that if I receive the CFGAA Scholarship, I will comply with the payment procedures on the award.

_____ Signature of Applicant	_____ Date
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_____ Parent or Guardian Signature	_____ Date
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_____ Parent or Guardian Signature	_____ Date
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Return to:

CFGAA

Attn: CFGAA Scholarship Committee

PO Box 385

Cypress, TX 77410-0385

Application Deadline must be postmarked by Memorial Day

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Scholarship Recommendation Form

Note to person filling out this form: Please complete this form; place the form in an envelope and seal. Return sealed envelope to the applicant with their name on the front of the envelope no later than: **Must be postmarked by Memorial Day**.

Applicant's Name: _____

Applicant's attributes

Use the evaluation scale on the following basis: 1 – Applicant doesn't exhibit the attribute
2 – Applicant is below average in the named attribute 3 – Applicant is average in the named attribute
4 – Applicant is above average in the named attribute
5 – Applicant is far above average in the named attribute

Citizenship	1	2	3	4	5	Comment: _____
Emotional Maturity	1	2	3	4	5	Comment: _____
Leadership	1	2	3	4	5	Comment: _____
Team Work	1	2	3	4	5	Comment: _____
Work Ethic	1	2	3	4	5	Comment: _____

What makes applicant deserving of a Charles J. Morganti Memorial Scholarship? (Feel free to add an additional sheet/page if necessary)

I certify that the applicant named above is known to me and the evaluation is based on my personal knowledge and beliefs.

Name _____ Contact #: _____

Address: _____

Relationship to Applicant: _____

How long have you known Applicant? _____

Signature

Date