

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 and economic need.

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 applications are sent out.

Qualified Applicants: Applicants must meet the following requirements:

- Player Member in the CFGAA 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 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 BOD Meeting |
| • Scholarship payout – 50% to college or student | July 1 |
| • Scholarship payout – 50% to college or student | October 1 |

Selection Process: Applications will be supplied to interested parties and the senior counselors of each CFISD high school within the Cy-Fair District. 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 applicants and make recommendations to the CFGAA Board by the June BOD meeting. The review process will be as follows:

1. Each evaluation will be divided into the following five categories

- a. Athletics / Participation in the CFGAA
 - b. Academic Achievement
 - c. Economic Need
 - d. Scholarship Recommendation
 - e. Activities / Awards / Honors
2. Each Committee member will evaluate the applicants by rating each applicant in the above categories using the following numerical values;

	Athletics / Participation in the CFGAA	Points
1	Played for 3 yrs. in CFGAA (6 seasons of recreation league or 3 yrs. tourn team)	3
2	Played for 5 yrs. in CFGAA (10 season of recreation league or 5 yrs. tourn team)	2
3	Played for 7 yrs. in CFGAA (14 seasons of recreation league or 7 yrs. tourn team)	2
4	High School Varsity participation	1
5	Youth Umpire	1
6	Volunteer for camps, clinics, coaching	1
	Maximum Possible	10
	Academic Achievement	
7	High level course load (Advanced Placement / Dual credit)	3
8	A or B Average	2
9	A or B Average with High level course load	1
10	Top 35% of graduating class	1
11	Top 20% of graduating class	2
11	Top 5% of graduating class	1
	Maximum Possible	10
	Economic Need	
12	One additional Family dependent child in college (in addition to applicant)	2
13	Two additional Family dependent children in college (in addition to applicant)	3
14	Combined Family household income below \$75k / year	2
15	Combined Family household income below \$50k / year	3
	Maximum Possible	10
	Scholarship Recommendation	
16	Recommendation letter 1	1-5
17	Recommendation letter 2	1-5
	Maximum Possible	10
	Activities / Awards / Honors	
18	High school activities	0-2
19	Community activities	0-2
20	Special awards, honors, offices held	0-2
21	Personal experiences, goals and aspirations narrative	1-4
	Maximum Possible	10
22	Committee Evaluation of Applicant's overall submission	0-5
	Total score possible	55

3. The Committee will rank the applicants based on the highest numbers.
4. In the event of a tie, the committee will consider leadership, character and citizenship to break the tie.
5. The Committee will notify the CFGAA Board of its selections and the BOD will vote to approve the committee applicants.
6. The remaining applications will be kept according to their ranking. In the event a recipient does not complete the requirements of enrolling as a full time student in an accredited four-year university or college, or junior college, the next highest ranking applicant will receive the scholarship.
7. Recipients will be notified by the CFGAA and certificates will be awarded.
8. Payout will be in two installments;
 - a. Receipt by the CFGAA of college acceptance letter July 1
 - b. Receipt of college proof of enrollment October 1
9. In the event a recipient does not attend college after receiving the first installment in July, the recipient is obligated to return the award to CFGAA

Return to: CFGAA
Attn: CFGAA Scholarship committee
PO Box 385
Cypress, TX 77410-0385

Applications due no later than Memorial Day

Cy-Fair Girls Athletic Association

Charles J. Morganti Memorial Scholarship

APPLICATION FOR GRANT

GENERAL

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

Name _____ Gender Male Female
(Last, First, Middle)

Date of Birth: _____ Place of Birth _____

Social Security # _____ Telephone # _____

Current Address _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

Name of colleges or Universities applied to (Note acceptance, if notified)

ACADEMIC ACHIEVEMENT

Current High School _____

Senior Counselor _____ Phone # _____

High School Degree Program General Recommended Honors

Grade Average / Scale _____ Class Ranking _____ of _____

Advanced Placement / Dual credit classes

Course	Grade	Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach an official High School transcript.

ECONOMIC NEED

Parent(s) or Guardian(s) section

Name of Parent(s) or Guardian(s):

1. _____
 (Last, First, Middle)

 Occupation

2. _____
 (Last, First, Middle)

 Occupation

The following is the **annual** income for the parent(s) or guardian(s)

Gross Salary or wages Parent/Guardian #1	_____
Gross Salary or wages Parent/Guardian #2	_____
Net take home pay #1	_____
Net take home pay #2	_____
Other income Parent/Guardian	_____
Child support/Alimony or Separate maintenance payments	_____
Total Family Household Income	_____

List those who receive support from the Parent(s) or Guardian(s). Give the relationship to the applicant, their age, school attending or employment:

Name	Age	Relationship	Employment or School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate any special circumstances that need to be considered in regards to your financial information.

I hereby certify that the information supplied on this economic information section is factual and correct to the best of my knowledge.

(Parent or Guardian #1)

(Date)

(Parent or Guardian #2)

(Date)

Applicant Section

Do you, applicant, work? After School Summer Weekend

Name and address of employer:

Have you secured summer employment? Yes No If yes, with whom?

If you have not secured summer employment, would you accept employment? Yes No

ACTIVITIES, AWARDS AND HONORS

List all non-athletic school activities in which you have participated during the past four years (e.g. student council, music, PALS, etc.) List all community activities in which you have participated during the last 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

Two letters of recommendation are required; one from a teacher and one from a counselor, employer, coach or religious leader. The letters should comment on the applicant’s qualifications for the scholarship and her character that reflects highest ethical standards. Please use the form that is part of this application. The forms should be submitted in a sealed envelope with the applicants name written on envelope. Below, please provide the names of the two people submitting recommendations on your behalf and their titles.

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 a scholarship, I will comply with the payment procedures on the award.

(Signature of Applicant)

(Date)

SCHOLARSHIP PAYMENT #1

Name _____ Social Security # _____

Payment #1 (50% July 1), college acceptance letter attached. \$ _____

Home address:

College Address:

(Name)

(College Name)

(Street)

(Street)

(City) (State) (zip)

(City) (State) (zip)

(Phone #)

(Phone #)

Where would you like the check sent? Home College

Detach and send to: CFGAA
PO Box 385
Cypress, TX 77410-0385

I understand that if I do not apply for my scholarship within 90 days of award, I may forfeit the funds.

(Signature of Applicant)

(Date)

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SCHOLARSHIP PAYMENT #2

Name _____ Social Security # _____

Payment #2 (50%, no earlier than October 1), proof of registration is attached.\$ _____

Home address:

College Address:

(Name)

(College Name)

(Street)

(Street)

(City) (State) (Zip)

(City) (State) (Zip)

(Phone #)

(Phone #)

Where would you like the check sent? Home College

Detach and send to: CFGAA
PO Box 385
Cypress, TX 77410-0385

I understand that if I do not apply for my scholarship within 90 days of award, I may forfeit the funds.

(Signature of Applicant)

(Date)

Cy-Fair Girls Athletic Association

Charles J. Morganti Memorial Scholarship 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 envelope no later than _____.

Applicant's Name _____

Applicant's attributes

Note: 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?

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

Name _____ Contact # _____

Address _____

Relationship to Applicant _____ How long have you known Applicant? _____

Signed _____ Date _____