

## **OHIO ASSOCIATION OF TRACK AND CROSS-COUNTRY COACHES MARVIN CROSTEN SCHOLARSHIP PROGRAM**

- 1) The candidate must be the son or daughter of a member of the Ohio Association of Track and Cross-Country Coaches. Their father or mother must be an active or honorary member of the association for three consecutive years directly prior to the application being filed, unless under extenuating circumstances as determined by the Scholarship Committee. This program is intended to help the children of coaches who actively support the association.
- 2) Scholarships shall be made available to students currently in their senior year of high school or in their freshman year of college. Students must be attending or planning to attend an institution of higher learning as a full time student during the upcoming year. Seniors who apply, but do not receive a scholarship, will be carried over with the next year's applicants for consideration. College freshmen who apply will only be considered for that year.
- 3) Factors such as financial need, other scholarship awards, leadership, self-reliance, scholastic achievements, athletic or other extracurricular activities, and parent- coach's contributions to the Association shall be considered.
- 4) The scholarship shall be for one (1) year only and will be used for direct educational expenses only.
- 5) The amount of the scholarship shall be \$1,000.00 (non-renewable, one time only)
- 6) Winners of the scholarships shall notify the Treasurer of the OAT-CCC of the name of the institution where they have enrolled. A check for the amount of the scholarship will be sent to the person receiving the scholarship upon presentation of proof of fees paid.
- 7) If the scholarship recipient receives a one-half or more scholarship (athletic or academic) from another source, an alternate may become the recipient of the OAT-CCC's award.
- 8) The number of recipients will be determined by the Scholarship Committee each year, up to a maximum of ten.
- 9) Application forms may be obtained from the scholarship committee chair, from an OAT -CCC district representative, or from an officer of the OAT-CCC.
- 10) All scholarship winners, and their parent-coach, will be given public recognition through various media.
- 11) The deadline for all scholarship applications is April 1st.

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**SECTION I**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

HOME ADDRESS Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL / FAX \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

OAT-CCC MEMBERSHIP NUMBER \_\_\_\_\_

SCHOOL WHERE PARENT-COACH TEACHES \_\_\_\_\_

I VERIFY THAT ALL INFORMATION CONTAINED HERE IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

APPLICANT'S SIGNATURE \_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

WHAT ARE YOUR EVENTUAL ACADEMIC GOALS?

LIST YOUR JOBIWORK EXPERIENCES:

(OVER PLEASE)

WHAT WOULD YOU CONSIDER YOUR TWO MOST SIGNIFICANT CONTRIBUTIONS IN TIME AND ENERGY TO YOUR SCHOOL, HOME, OR COMMUNITY DURING THE PAST FOUR YEARS?

LIST ACADEMIC, ATHLETIC, OR OTHER AWARDS/RECOGNITION YOU HAVE RECEIVED DURING THE LAST FOUR YEARS:

LIST OTHER SCHOLARSHIPS YOU WILL RECEIVE AND THE AMOUNT OF THE SCHOLARSHIP:

WRITE A BRIEF STATEMENT ABOUT WHY YOU FEEL YOU DESERVE THIS SCHOLARSHIP:

**RETURN SECTION I INFORMATION PAGE TO:**

BOB KARL  
OAT-CCC SCHOLARSHIP CHAIR  
3005 LaPLATA DRIVE  
KETTERING, OH 45420

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**SECTION II (CONFIDENTIAL)**

TO BE FILLED OUT AND RETURNED BY THE SCHOOL GUIDANCE COUNSELOR OR  
CANDIDATE'S COACH (OTHER THAN THE PARENT OR GUARDIAN)

STUDENT'S NAME \_\_\_\_\_

SCHOLASTIC RANK \_\_\_\_\_

GRADE POINT AVERAGE (A TRANSCRIPT MUST BE INCLUDED) \_\_\_\_\_

S.A.T. SCORES \_\_\_\_\_ A.C.T. SCORES \_\_\_\_\_

ACADEMIC APPRAISAL OF STUDENT:

PERSONALITY APPRAISAL OF STUDENT:

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / ZIP CODE: \_\_\_\_\_

WORK PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

**RETURN SECTION II INFORMATION PAGE TO:**

BOB KARL  
OAT-CCC SCHOLARSHIP CHAIR  
3005 LaPLATA DRIVE  
KETTERING, OH 45420

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**SECTION III (CONFIDENTIAL)**

TO BE FILLED OUT AND RETURNED BY THE SCHOOL PRINCIPAL OR DESIGNATED ADMINISTRATOR.

STUDENT'S NAME \_\_\_\_\_

PLEASE CHECK THE STATEMENT UNDER EACH MAJOR HEADING WHICH, IN YOUR OPINION, BEST DESCRIBES THE STUDENT'S PERSONAL CHARACTERISTICS. CONSIDER THOSE TRAITS YOU HAVE PERSONALLY OBSERVED OR CAN BE SUBSTANTIATED BY FACTS. PLEASE GIVE AN EXAMPLE IN THE SPACE PROVIDED TO ILLUSTRATE YOUR APPRAISAL.

**A) DEPENDABILITY-**

- 1)\_\_\_ UNABLE TO DEPEND UPON AT ALL
- 2)\_\_\_ FREQUENTLY UNDEPENDABLE, MUST BE CHECKED ON
- 3)\_\_\_ DEPENDABLE TO AN AVERAGE DEGREE
- 4)\_\_\_ CAN BE CONSISTENTLY DEPENDED UPON
- 5)\_\_\_ EXCELLENT, CAN ALWAYS BE COUNTED UPON

PLEASE EXPLAIN OR GIVE AN EXAMPLE:

**B) RESPONSIBILITY-**

- 1)\_\_\_ UNWILLING TO TAKE RESPONSIBILITY
- 2)\_\_\_ UPON PRODDING, WILL TAKE SOME
- 3)\_\_\_ AVERAGE RESPONSIBILITY
- 4)\_\_\_ WELL ABOVE AVERAGE
- 5)\_\_\_ WILL ASSUME AND SEEK OUT RESPONSIBILITY

PLEASE EXPLAIN OR GIVE AN EXAMPLE:

(OVER PLEASE)

**C) SELF-RELIANCE- (BEING ABLE TO COMPLETE A JOB WITH A MINIMUM AMOUNT OF ASSISTANCE)**

- 1)\_\_\_ NEEDS CLOSE GUIDANCE/SUPERVISION FOR ALL JOBS
- 2)\_\_\_ DOES ONLY WHAT HE/SHE IS TOLD
- 3)\_\_\_ SELF-RELIANT TO AN AVERAGE DEGREE
- 4)\_\_\_ NEEDS ONLY A MINIMUM AMOUNT OF ASSISTANCE
- 5)\_\_\_ HIGHLY EFFICIENT, SELDOM NEEDS ASSISTANCE

PLEASE EXPLAIN OR GIVE AN EXAMPLE:

**D) WHAT RECOMMENDATION CAN YOU GIVE THIS STUDENT?**

- 1)\_\_\_ DO NOT RECOMMEND
- 2)\_\_\_ RECOMMEND WITH RESERVATIONS
- 3)\_\_\_ RECOMMEND
- 4)\_\_\_ HIGHLY RECOMMEND
- 5)\_\_\_ ENTHUSIASTICALLY RECOMMEND

PLEASE BRIEFLY EXPLAIN YOUR RECOMMENDATION:

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / ZIP CODE: \_\_\_\_\_

WORK PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

**RETURN SECTION III INFORMATION PAGE TO:**

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OAT-CCC SCHOLARSHIP CHAIR  
3005 LaPLATA DRIVE  
KETTERING, OH 45420