

**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 _____

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 JOB/WORK 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 THIS INFORMATION PAGE TO:

BOB KARL
OAT-CCC SCHOLARSHIP CHAIR
2824 HOMEWAY DRIVE
BEAVERCREEK, OHIO 45434

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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: _____

PLEASE RETURN THIS INFORMATION SHEET TO:

BOB KARL- OAT-CCC SCHOLARSHIP CHAIR
2824 HOMEWAY DRIVE
BEAVERCREEK, OHIO 45434

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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:

C) 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 _____

PLEASE RETURN THIS INFORMATION SHEET TO:

BOB KARL- OAT-CCC SCHOLARSHIP CHAIR
2824 HOMEWAY DRIVE
BEAVERCREEK, OHIO 45434