

# ATTENTION COLLEGE AND UNIVERSITY STUDENTS

The Southern California Municipal Athletic Federation (SCMAF) and Men in Leisure Services (MILS) is now accepting applications for the 2018 Scholarship Program.

All students wishing to apply for a scholarship must be attending a college or university and must be graduating after December 2018.

To be considered for a scholarship, candidates must submit the following:

- A complete Scholarship application
- Two character reference ratings - One must be from a teacher/professor
- Copy of most recent grade report
- Resume

All applications will be reviewed by the Scholarship Committee, and the selected scholarship recipients will be notified in writing. The scholarship will be awarded at the 49<sup>th</sup> Annual, SCMAF Institute on October 4, 2018.

Complete application packets must be date stamped by

**Tuesday, September 4, 2018 to:**



<b>Mail to:</b>	<b>or</b>	<b>Deliver to:</b>
SCMAF Student Scholarship Attn: Scholarship P.O. Box 3605 South El Monte, CA 91733		SCMAF Student Scholarship Attn: Scholarship 823 Lexington Gallatin Rd. South El Monte, CA 91733

E-mail: [scmaf@scmaf.org](mailto:scmaf@scmaf.org)

For additional information please call Tim Ittner SCMAF Executive Director

[TimIttner@scmaf.org](mailto:TimIttner@scmaf.org) or 626-448-0853 Ext.16

Ian Kokot, MILS Scholarship Chair at [ikokot@sogate.org](mailto:ikokot@sogate.org) or 323-563-5755

# SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Cell-Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

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

College/University attending \_\_\_\_\_

Number of units in progress \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Units completed \_\_\_\_\_ Quarter/Semester (circle)

Minor \_\_\_\_\_ Units completed \_\_\_\_\_ Quarter/Semester (circle)

GPA in Major \_\_\_\_\_ Overall GPA \_\_\_\_\_

## **RECREATION EXPERIENCE: VOLUNTEER** (attach additional pages if needed)

Agency \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates Volunteered: From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

**Brief Description of Duties/Job Performed:** \_\_\_\_\_

\_\_\_\_\_

## **RECREATION EXPERIENCE: PAID** (attach additional pages if needed)

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ FT PT

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

**Brief Description of Duties/Job:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Related career goals and objectives: \_\_\_\_\_

Professional Affiliations/Clubs or Organizations: \_\_\_\_\_

Awards and Honors received: \_\_\_\_\_

How will this Scholarship benefit you (attach additional sheets if needed) \_\_\_\_\_

Describe any involvement that you have had with SCMAF or MILS: \_\_\_\_\_

Please submit the following with your application:

- Two character references. One from a teacher/professor  
Name, Phone Number & e-mail
- Copy of most recent grade report
- Resume

I certify that all information on this application is true and complete.

Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Deadline to submit: Tuesday, September 4, 2018**

Submit Applications by e-mail, mail, fax or delivery:

<b>Mail to:</b> SCMAF Student Scholarship Attn: Scholarship P.O. Box 3605 South El Monte, CA 91733	<b>or</b>	<b>Deliver to:</b> SCMAF Student Scholarship Attn: Scholarship 823 Lexington Gallatin Rd. South El Monte, CA 91733
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FAX: (626) 448-5219  
Email: SCMAF@scmaf.org

For additional information please call Tim Ittner 626-448-0853 Ext.16 or E-mail: [TimIttner@scmaf.org](mailto:TimIttner@scmaf.org)  
Ian Kokot, MILS Scholarship Chair at [ikokot@sogate.org](mailto:ikokot@sogate.org) or 323-563-5755

## CHARACTER REFERENCE RATING FORM

APPLICANTS NAME: \_\_\_\_\_

Please rate the applicant by placing a checkmark in the appropriate column for each category.

Indicate "N/A" if you have no bases for judgment

	Truly Exceptional	Outstanding	Above Average	Average	Below Average	N/A
Motivation						
Ability to work well with others						
Independence of Thought						
Oral Communication skills						
Written Communication Skills						
Creativity						
Self-Confidence						
Leadership						

Please write a brief summary of applicants' qualities: \_\_\_\_\_

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

Rater's Name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ School/Agency \_\_\_\_\_

Signature \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_