

## Kevin Mitchell Memorial Athletic Scholarship

### INSTRUCTIONS AND GUIDELINES FOR COMPLETION OF THIS APPLICATION

The applicant must be a resident of Vernon Township who participated in Varsity sports during any year of their high school years. This Scholarship is available to any high school senior applying to an accredited higher education program on a full-time basis.

Eligible candidates will, upon completing this application, return the application **postmarked no later than May 19, 2025**. Official transcripts may be sent directly from the high school or included with application.

All applications and other documents will be held in strict confidence by the Scholarship Committee.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Students I.D. Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

List your present employment, if applicable, and include contact person and phone number:

\_\_\_\_\_

### Attachments Please attach the following:

- 1: A personal typewritten 200 word essay or more, describing what being a Varsity athlete at VTHS has meant to you and how you think participating in sports in high school will benefit you and others in the future.
- 2: **Two (2) letters of recommendation one from the school community and one from outside the school the Clergy, Employer, community**

**figure, an adult acquaintance known to the applicant for at least two years. Contact phone numbers for references must be included.**

***MORE than two (2) letters will disqualify the applicant.***

3: A one (1) page sports/activity sheet which includes extracurricular activities, awards, community service, vocational or religious and work experience.

4: A copy of your high school transcript.

**IF ALL INFORMATION LISTED ABOVE IN 1, 2, 3 or 4 IS NOT INCLUDED, THIS APPLICATION WILL NOT BE PROCESSED.**

Should the winner(s) of the Scholarship withdraw from the higher education program within the first semester , the entire scholarship must be returned to The Kevin Mitchell Memorial Athletic Scholarship Fund 12 months from the date that the scholarship was awarded.

### **Verification Signature**

My signature below attests to the truth of all of the information that I have filled out in this Scholarship Application. To the best of my knowledge, all of the information is correct and complete. Any misinformation will disqualify me from this scholarship.

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

Please see that the Application and all attachments are mailed and postmarked NO LATER THAN

**May 19, 2025**

***Peggy Mitchell/THE KMMAS FOUNDATION***

***24 Country Lane***

***Hamburg NJ***

***07419***

***Email: thekmmas@gmail.com***