ATTENTION COLLEGE AND UNIVERSITY STUDENTS

The Southern California Municipal Athletic Federation (SCMAF) and Men in Leisure Services (MILS) is now accepting applications for the 2019 Scholarship Program.

All students wishing to apply for a scholarship must be attending a college or university and must be graduating after December 2019.

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

• A complete Scholarship application
• Two character reference ratings
• 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 50th Annual, SCMAF Institute on October 3, 2019.

Complete application packets must be date stamped by **Thursday, September 12, 2019** to:

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<tr>
<th>Mail to:</th>
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<th>Deliver to:</th>
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<tbody>
<tr>
<td>SCMAF Student Scholarship</td>
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<td>P.O. Box 3605</td>
<td></td>
<td>823 Lexington Gallatin Rd.</td>
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<tr>
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E-mail: scmaf@scmaf.org

For additional information please call Tim Ittner SCMAF Executive Director

TimIttner@scmaf.org or 626-448-0853 Ext.16
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. Any combination of a professor or professional reference is
  acceptable.
• 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: Thursday, September 12, 2019

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

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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
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

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<th>Truly Exceptional</th>
<th>Outstanding</th>
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Please write a brief summary of applicants’ qualities:________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Rater’s Name __________________________ Title __________________________

Date __________________________ School/Agency __________________________

Signature __________________________ Phone (_____) __________________________