

# The Young Memorial Scholarship Foundation

*~ Honoring the Lives of David and Mark ~*



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## ~THE YOUNG MEMORIAL SCHOLARSHIP~

**Award:** The Young Memorial Scholarship was established to honor the lives of both David and Mark Young. The award will recognize a scholar-athlete from both West Union and North Adams High School. Along with the recognition, a monetary amount of \$1,000.00 will be paid to each recipient.

**Eligibility:**

1. The recipient must be a graduate of West Union or North Adams High School.
2. The recipient must have participated, at least one season, as an athlete at the high school level.
3. The recipient must plan to attend, full-time, at an accredited university, college or school.
4. The monetary portion of the award will be given to the recipient after the 1<sup>st</sup> semester/quarter transcripts are provided to show full-time status at the university, college or school.

**Submission:**

**Matthew T. Young  
4824 Tri County Road  
Seaman, OH 45679**

**Applications must be received by May 5, 2017**

Name of Applicant: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
\_\_\_\_\_ City State Zip

Telephone #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Month/Day/Year

Full Name of Parent(s)/Guardian(s):

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Parent/Guardian Address, if different: \_\_\_\_\_  
\_\_\_\_\_ City State Zip

High School: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Which college or university do you plan to attend?

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

What type of studies do you plan to pursue? \_\_\_\_\_

What career path do you plan to follow? \_\_\_\_\_

List and describe all: activities, prizes, scholarships, ratings, or other academic recognition received in high school.

Year: \_\_\_\_\_

Year: \_\_\_\_\_

Year: \_\_\_\_\_

Year: \_\_\_\_\_

To qualify for this scholarship, at least one full season must have been completed in a sport. List the year and sport.

Year(s): \_\_\_\_\_

Year(s): \_\_\_\_\_

Year(s): \_\_\_\_\_

Year(s): \_\_\_\_\_

- I verify that the applicant participated in a high school sport, for an entire season, at the high school level.

Athletic Director \_\_\_\_\_

Printed Name

Signature

- I verify that the applicant's GPA and class rank is accurate.

Guidance Counselor \_\_\_\_\_

Printed Name

Signature

**PLEASE ATTACH**

In no more than one (1) typed page, please give your reasons why you are deserving of the scholarship and what you plan on accomplishing by receiving the award.