



1501 N. Belcher Road, Suite 236
Clearwater, FL 33765
info@clearwaterforyouth.org
www.clearwaterforyouth.org

Clearwater For Youth

2019 Richard O. Jacobson Postsecondary Scholarship Application

Name: _____ Date: _____

Address: _____

City

Zip

Email: _____

Phone number: _____

High School: _____

Overall GPA _____ Test Scores ACT: _____ SAT: _____

What organizations have you volunteered your time with?

- _____ How long? _____
- _____ How long? _____

What leadership roles have you taken in your community and school?

- _____
- _____
- _____
- _____

An **ESSAY IS REQUIRED** as part of your application. The topic of the essay is: “Why are you deserving of the Clearwater For Youth Richard O. Jacobson College Scholarship? What would this award mean to you and your pursuit of higher education?” This essay should be no longer than **one page**.

Please complete the chart based on your High School extracurricular participation:

ACTIVITY	FRESHMAN	SOPHOMORE	JUNIOR	SENIOR	CAPTAIN or LEADERSHIP YES/NO
BAND					
BASEBALL					
BASKETBALL					
CHEERLEADING					
DRAMA					
FOOTBALL					
GOLF					
LACROSSE					
SOCCER					
SOFTBALL					
SWIMMING					
TRACK					
VOLLEYBALL					
OTHER:					

Please list High School academic/sports accolades you would like CFY to consider:

- _____
- _____
- _____
- _____

Please identify any CFY supported/City of Clearwater sports organizations in which you have participated and fill in the number of years you played for each group:

- **Blazin Ravenz Track Club** Years played _____
- **Clearwater Aquatic Team (CAT)** Years played _____
- **Clearwater Basketball Club** Years played _____
- **Clearwater Bullets** Years played _____
- **Clearwater Jr. Tornadoes** Years played _____
- **Clearwater Little League & Challenger Division** Years played _____
- **Clearwater Lady Bombers** Years played _____
- **Clearwater Soccer Club (Chargers)** Years played _____
- **Clearwater Youth Lacrosse** Years played _____
- **Countryside Jr. Cougars** Years played _____
- **Countryside Little League** Years played _____
- **Greenwood Panthers** Years played _____
- **Other:** _____ Years played _____

Will a Need-based Form accompany this application:

- Yes _____ No _____

Please list in order of preference the top three institutions to which you have applied:

1. _____

Accepted _____ Awaiting notification _____

2. _____

Accepted _____ Awaiting notification _____

3. _____

Accepted _____ Awaiting notification _____

This application must include a signature from your High School Guidance Counselor, Athletic Director or Principal.

Guidance Counselor/Athletic Director/Principal Name (Printed):

_____ Title: _____

Signature of Guidance Counselor/Athletic Director/Principal:

_____ Date: _____

Email: _____ Phone number: _____

Applicant Name (Printed): _____

Applicant Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Parent/Guardian Email: _____