



### SCHOLARSHIP APPLICATION

This scholarship was established in 2017 to honor athletes who have played on a Dayton Juniors Volleyball Club team for three or more years who is currently playing for DJRS and is a senior in high school.

The **Dayton Juniors Volleyball Scholarship** is intended for a graduating senior pursuing higher education (non-degreed, 2-year or 4-year program) in a vocational program or agricultural program. The **\$500 DJRS Scholarship** will be made payable to the student and his or her higher education institution by July 1st. **Before the scholarship money is released to the higher education institution, the awardee must submit a picture of them self along with a letter of thank you.** Students must complete the application and write a short essay (approximately 250 words).

Please type or write neatly:

Today's Date: \_\_\_\_\_

**Student Name** \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ email: \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Full Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Full Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

(Separate paper can be attached for these.)

### **Applicant's Athletic Experiences in High School:**

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### **Applicant's Club Volleyball Experiences:**

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**Applicant's School/Extracurricular/Community Activities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL SIZE OF THE PARENT'S HOUSEHOLD** during the current school year (include parents, yourself, siblings and other dependents) # \_\_\_\_\_

**TOTAL NUMBER** of family members currently enrolled at least half time in college: # \_\_\_\_\_

List any **UNUSUAL FAMILY EXPENSES** in the last year (medical, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you completed an application for Federal Student Aid (FAFSA)? \_\_\_\_\_

Will you be working part time in college? \_\_\_\_\_

**College/University you will attend:** \_\_\_\_\_

Address of the Bursar Office where the check will be sent:

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

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

**Intended Major:** \_\_\_\_\_

**Please attach the following: Copy of your *college acceptance letter***

**Please write a brief essay (approximately 250 words) on the following topic:**

- **What do you hope to achieve with your education?**

**I certify that all the information above is correct and accurate to the best of my knowledge.**

*Student Signature* \_\_\_\_\_

*Parent Signature* \_\_\_\_\_

**Questions?** Call 843-540-6844 or email [djrsdirector@gmail.com](mailto:djrsdirector@gmail.com)

**Return your completed application by May 1st to:**

**Kali Glase – DJRS Director  
5490 Intrastate Dr.  
Fairborn, OH 45324**