

# ATTENTION COLLEGE AND UNIVERSITY STUDENTS

The Southern California Municipal Athletic Federation (SCMAF) is now accepting applications for the 2026 Phil Orland Memorial SCMAF Student Scholarship Program.

All students wishing to apply for a scholarship must be attending a college or university and must be graduating after December 2026.

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

- A complete Scholarship application
- A character reference rating - Must be from a teacher/professor
- 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 56<sup>th</sup> Annual, SCMAF Institute on October 1, 2026.

Complete application packets must be date stamped by

**Friday, August 28, 2026 to:**



<b>Mail to:</b>	<b>or</b>	<b>Deliver to:</b>
SCMAF Attn: Scholarship P.O. Box 3605 South El Monte, CA 91733		SCMAF Attn: Scholarship 823 Lexington Gallatin Rd. South El Monte, CA 91733

E-mail: [memberservices@scmaf.org](mailto:memberservices@scmaf.org)

For additional information please call Bill Bant SCMAF Executive Director  
[memberservices@scmaf.org](mailto:memberservices@scmaf.org) or 626-448-0853

# SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ 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 LA City Parks and Recreation: \_\_\_\_\_

Please submit the following with your application:

- One-character reference from a teacher/professor
- Name, Phone Number and Email
- 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: Friday, August 14, 2026**

Submit Applications by Email, mail, or delivery:

<b>Mail to:</b> SCMAF Attn: Scholarship P.O. Box 3605 South El Monte, CA 91733	<b>or</b>	<b>Deliver to:</b> SCMAF Attn: Scholarship 823 Lexington Gallatin Rd. South El Monte, CA 91733
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Email: [memberservices@scmaf.org](mailto:memberservices@scmaf.org)

For additional information please call Bill Bant 626-448-0853.

## CHARACTER REFERENCE RATING FORM

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

	Truly Exceptional	Outstanding	Above Average	Average	Below Average	N/A
Motivation						
Ability to work well with others						
Independence of Thought						
Oral Communication skills						
Written Communication Skills						
Creativity						
Self-Confidence						
Leadership						

Please write a brief summary of applicants' qualities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rater's Name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ School/Agency \_\_\_\_\_

Signature \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_