



# KEVIN MCFADDEN MEMORIAL SCHOLARSHIP

## Student/Applicant Information

First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
High School: \_\_\_\_\_ Current GPA (un-weighted): \_\_\_\_\_  
College/University you plan to attend: \_\_\_\_\_  
Major/Field of Study: \_\_\_\_\_  
Have you been accepted?: \_\_\_\_YES \_\_\_\_NO If YES, please provide Student ID (if available): \_\_\_\_\_

## Scholarship Criteria

### ***The Kevin McFadden Memorial Scholarship is open to:***

- Graduating seniors of Central Union High School and Southwest High School who participated in Varsity athletics, and will be attending a 2 or 4-year College or University, or other post-secondary school (including trade/vocational schools)

### ***The scholarship criteria will include consideration for:***

- Participation in Varsity athletics
- Personal rewards, lessons and takeaways from sporting experiences in high school
- Academic merit
- Educational plans and career goals

## Application Requirements & Details

Applicants may be required to participate in an interview process with the Scholarship Advisory Committee.

This scholarship is non-renewable. Incomplete and/or late applications will not be considered.

This scholarship may be used for qualified educational expenses including tuition, books and fees. Depending on the scholarship recipient's individual financial need, the award may be used for housing, however students will need to consult with their tax advisor and school to determine whether or not the use of the scholarship award for room and board is a qualified, tax-free educational expense.

Scholarship awards will be paid directly to the recipient's college. In special circumstances, awards may be paid to the student directly. However, it will be the responsibility of the student to fulfill with proper reporting, disclosure and appropriate use of scholarship funds.

*I hereby agree to all of the above criteria and certify that all of the information provided for this scholarship application is true to the best of my knowledge. I understand that all decisions are final and not subject to review or appeal. I further understand that any information provided in this and other application forms may be shared with committee members of the sponsoring scholarship.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature** (if applicant is < 18 years of age): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attention:** All scholarship applications must be received (not postmarked) by 5:00pm on Wednesday, April 17, 2019. Incomplete and/or late applications will not be considered. Please submit completed applications with school transcripts and verification of participation in Varsity athletics to: Imperial Valley Community Foundation (PO Box 2739, El Centro, CA 92244) or, email to: bobby@ivcommunityfoundation.org. Applications may also be delivered in person to the IVCF office at 1000 Broadway in El Centro, CA.

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## APPLICATION: SHORT ANSWER QUESTIONS

Please submit your completed application with school transcripts (unofficial are acceptable) to the Imperial Valley Community Foundation no later than 5:00pm on Wednesday, April 17, 2019. As an alternative to post mail delivery, applications can be emailed to [bobby@ivcommunityfoundation.org](mailto:bobby@ivcommunityfoundation.org) or delivered to the IVCF office at 1000 Broadway in El Centro, CA. Letters of recommendations may be included with your application or mailed ahead of the application deadline, however letters of recommendation are not a requirement of the scholarship application.

**1) Please list Varsity sports completed by year. (Must be verified by Athletic Director or Athletic Clerk)**

*Freshman Year:*

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

*Sophomore Year:*

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

*Junior Year:*

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

*Senior Year:*

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Athletic Director / Athletic Clerk Signature *(required)*: \_\_\_\_\_

**2) How has participating in Varsity athletics during high school benefited you? And, what have you gained from the experience(s)?**

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**3) What are your immediate educational plans? (Please include details on where you plan on attending school, what you intend to study, career goals, etc.)**

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