



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: Scholarship applications must be received (not postmarked) by Friday, April 7, 2023. Incomplete and/or late applications will not be considered. Please submit completed applications with school transcripts (unofficial are okay) to: bobby@ivcommunityfoundation.org. Applications can also be mailed to : Imperial Valley Community Foundation, PO Box 2739, El Centro, CA 92244. (Email is preferred)

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APPLICATION: SHORT ANSWER QUESTIONS

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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)?

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.)
