

PRO FOOTBALL COMBINE CAMP

SCHOLARSHIP APPLICATION

Please see complete list of rules concerning the Pro Football Combine Camp Foundation Scholarship.

ACADEMIC YEAR APPLYING 2018-2019

DEADLINE: 12/31/2018

Name: _____
Last First Middle

Mailing Address:

Street

City State Zip

Phone: _____
Home Cell

Gender: Male Female **Date of Birth:** _____ **Age:** _____

University Attending: _____
Major: _____

High School Attended: _____ **Counselor:** _____
Address: _____ **Phone:** _____

Academic Achievement: GPA (4.0 Scale) _____ Freshman Year GPA
_____ Sophomore Year GPA
SAT Score _____ Junior Year GPA
ACT Score _____ Senior Year GPA

Academic Awards:

_____ Year(s) _____
Year(s) _____
Year(s) _____
Year(s) _____

Athletic Awards:

_____ Year(s) _____
Year(s) _____
Year(s) _____
Year(s) _____

Applicant Name: _____

Athletic Achievement: (Varsity Sports)

_____	Year(s) _____
_____	Year(s) _____
_____	Year(s) _____
_____	Year(s) _____

Community Service: *List your involvement in community service.*

_____	Year(s) _____
_____	Year(s) _____
_____	Year(s) _____
_____	Year(s) _____

Community Service Awards

_____	Year(s) _____
_____	Year(s) _____
_____	Year(s) _____
_____	Year(s) _____

Other Scholarships: *List any other scholarships awarded below: Use additional sheet if necessary.*

Name _____	Amount _____
Name _____	Amount _____
Name _____	Amount _____

Father or Guardian _____

Name	Employer/Occupation	Phone
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Mother or Guardian _____

Name	Employer/Occupation	Phone
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Recommendations: *Please have each reference submit an original letter of recommendation. Include 3 original letters of recommendation with your application.*

Name _____	Title _____
Address _____	Organization _____
_____	Phone _____

Name _____	Title _____
Address _____	Organization _____
_____	Phone _____

Name _____	Title _____
Address _____	Organization _____
_____	Phone _____

Applicant Name: _____

Directions:

Submit this application form completed in its entirety along with:

- Copy of certified high school transcripts
- 3 Original Letters of Recommendation
- Sign Attestation & Authorization

MAIL completed application form & all required enclosures to:

**PRO FOOTBALL COMBINE CAMP
ATTN: SCHOLARSHIP COMMITTEE
PO BOX 28
THIBODAU, LA 70302-0028**

Rules & Eligibility:

The number and amount of scholarships is based on available funding.

Eligibility limited to Louisiana high school seniors age 16-19.

Applicant must have participated in the 2018 Pro Football Camp held on July 20, 2018.

Employees and immediate family members of employees of the Pro Football Camp, orthoLA, Momentum Crossfit of Thibodaux, or Elias Sports Management are not eligible.

Faxed or emailed application **will not** be accepted.

Application & all required enclosures must be RECEIVED by December 31, 2018 for consideration. Late applications will be automatically disqualified.

Scholarship may be revoked by the PFC Foundation Board if recipient fails to maintain academic standing, ethical/moral behavior or if any aspect of the application is found to be false or misleading.

Do not call the PFC office for application status. Scholarship recipients will be notified via mail or thru their school.

Recipients must present proof of enrollment (paid tuition receipt) at an accredited university or college no later than Sept. 30, 2019 in order to receive funds. Scholarships not claims by Sept. 30, 2019 will be automatically forfeited.

The scholarship is awarded for a one semester basis only.

Decisions of the PFC Foundation Scholarship Committee are final.

Applicant Name: _____

ATTESTATION & AUTHORIZATION:

I hereby certify that the information listed above is true and accurate. I understand that any falsification of information will lead to immediate disqualification and that any scholarship awarded under false pretenses will have to be funded to the Pro Football Combine Camp. I also hereby authorize the release of any appropriate information regarding my academic qualifications/achievements, athletic involvement/achievement, and community service/achievement required for the processing of this scholarship application. I have read and understand the rules and conditions of this scholarship. Furthermore, I consent to the Pro Football Camp Foundation to release my name and photo as recipient of this award if selected to receive the scholarship.

Student Signature _____ Date _____

Guardian Signature _____ Date _____

Printed Student Name _____

Printed Guardian Name _____