



## 2021-2022 SCHOLARSHIP APPLICATION

### Rules & Eligibility:

- Applicant must have participated in the 2021 PFC held on June 25, 2021.
- Eligibility limited to high school seniors age 16-19.
- Employees and immediate family members of employees/volunteers of the Pro Football Camp, or orthoLA are not eligible.
- Scholarships are awarded based upon three factors: academics performance, athletic performance, and community service.
- **Application must be signed by applicant *and* parent/guardian to be considered.**
- Faxed or emailed application ***will not*** be accepted.
- Completed application & all required attachments must be **RECEIVED by January 31, 2022** for consideration. Late applications will be automatically disqualified.
- Applicant will be disqualified by the PFCC Foundation Board if any information contained in application is found to be false or misleading.
- Scholarship recipients will be notified via mail or through their school counselor. Please do not call the PFC office for application status.
- If chosen, in order to receive funds, recipients must present proof of acceptance (such as a letter of acceptance/enrollment from registrar's office), from an accredited university or college, **prior to April 1, 2022**. Scholarships not claimed within 30 days of announced distribution will be automatically forfeited.
- The scholarship is a one-time award.
- The number of scholarships awarded and their value, can vary from year to year.
- Decisions of the PFCC Foundation Scholarship Committee are final.

### Directions:

Submit this **COMPLETED and SIGNED** application form along with:

- Copy of certified high school transcript(s)
- 3 Original (Sealed) Letters of Recommendation
- Proof of Acceptance from accredited university or college, if received at time of submission; **must be presented prior to receiving funds, if chosen as a scholarship recipient.**

**Mail completed form and all required enclosers to:**

PFCC  
POST OFFICE BOX 28  
THIBODAU, LA 70302-0028  
ATTN: SCHOLARSHIP COMMITTEE

Completed form and attachments may also be hand-delivered, **PRIOR TO January 31, 2022**, to any orthoLA clinic or the business office. Please visit [www.ortho-la.com](http://www.ortho-la.com) for locations.



**2021-2022 SCHOLARSHIP APPLICATION**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

High School Attended: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Counselor: \_\_\_\_\_

**Academic Achievement (GPA 4.0 SCALE):**

Freshman Year: \_\_\_\_\_ Sophomore Year: \_\_\_\_\_ Junior Year: \_\_\_\_\_ Senior Year: \_\_\_\_\_

ACT SCORE (optional): \_\_\_\_\_

SAT SCORE (optional): \_\_\_\_\_

**Athletic Awards/Achievements (Varsity Sports) \*:**

\_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

**Community Service/Community Service Awards \*:**

\_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

**Additional Scholarships Awarded\*:**

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

University Attending: \_\_\_\_\_

Proposed Major: \_\_\_\_\_

**\*If more room is needed, additional sheets may be added.**



Applicant Name: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION\***

PARENT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYER/OCUPATION: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION\***

PARENT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYER/OCUPATION: \_\_\_\_\_

\*  
If more room is needed, additional sheets may be added.

**PLEASE READ AND SIGN:**

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 funds awarded under false pretenses must be returned to the Pro Football Combine Camp Foundation. I also authorize the release of any information regarding my academic qualifications/achievements, athletic involvement/achievements, and/or community service/achievements required for the processing of this scholarship application. Furthermore, I consent to the release of my name and photo if selected as a scholarship recipient. My signature below indicates that I have read and understand the rules and conditions of this scholarship.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE