



## Chambers Sports Foundation KEY to Success Scholarship

The Chambers Sports Foundation (CSF) Incorporated is a non-profit 501 (c) (3) organization devoted to inspiring resiliency in children by preparing them for life challenges through a collection of athletic, health, and educational programs. CSF believes in using sports as a catalyst to help children look beyond social and economical conditions that restrict their personal growth and development. The programs promote self-fulfillment so children can improve upon their ability to learn, develop, and compete on and off the field. The Chambers Sports Foundation has partnered up with Key Bank to award one (1) deserving 2008 or 2009 High School Graduate with a \$2,500 scholarship to apply to their tuition.

### Eligibility requirements:

- Graduating seniors in the 2008 or 2009 academic school year who are legal residents of Ohio are eligible to apply
- Applicants must be enrolling in a **full-time undergraduate course of study** no later than the fall term of the 2009-2010 academic school year
- Applicants must be upstanding citizens and active in the community
- Applicants must be able to attend the recognition event on June 21<sup>st</sup> at Bedford High School

### Selection Criteria:

Key to Success Scholarship recipients will be selected by members of the C.A.T.C.H 84 scholarship committee and will choose recipients based on:

- Number of community volunteer hours
- Volunteer leadership awards and honors
- Cumulative GPA of 3.0 or higher (B average)
- Appraisal form completed by volunteer supervisor or leader
- Essay on volunteer service (250-500 words)

### How to apply:

To apply for the KEY to Success Scholarship, please fill out the scholarship application, attach an official copy of your High School Transcript, essay on your volunteer experience, and provide a letter of recommendation from a leader in the community group or events that you actively volunteer your time to. Applicants not having all 4 components will not be considered to be a recipient of the scholarship.

Please mail, fax, or email application and all supporting documents to:

Chambers Sports Foundation  
P.O. Box 43125 Euclid, Ohio 44123  
Fax: (216) 481-7685  
[chriswalker@cjcspports.net](mailto:chriswalker@cjcspports.net)

The most qualified and deserving applicant will receive the scholarship. For additional questions about the scholarship please contact Linda Chambers at our foundation office at 216-481-7685.

The scholarship will be awarded on June 21, 2008 during the Team Football Skills Camp. ***The deadline to apply is June 9, 2008.***

# Chambers Sports Foundation KEY to Success Scholarship Application

**IMPORTANT:** Type or print all information except signatures. Completeness and neatness ensures that your application will be reviewed properly

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<b>Applicant Data</b>	Last Name _____	First _____	MI _____
	Permanent Home		
	Mailing Address _____	Apt # _____	
	City _____	State _____	Zip _____
	Telephone (____) _____	E-mail Address _____	
	Social Security Number ____-____-____	Date of Birth _____	

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<b>High School Data</b>	School Name _____	Graduation Date _____
	City _____	State _____ Zip _____
	Telephone (____) _____	

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**Post-secondary School Data** Name of post-secondary school you plan to attend. **Use official school names. Do not use abbreviations.**

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Major Course of Study \_\_\_\_\_

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Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**Work Experience** Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From Mo/Yr	-	To Mo/Yr	-	Hours Week	per	Amount Earned

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**Activities, Awards And Honors** List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past 4 years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics)  
Note all special awards, honors and offices held.

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**Goals and Aspirations** Make a brief statement of your plans as they relate to your educational and career objectives long-term goals.

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**Unusual** Please describe how and when any unusual family or personal circumstances have affected your  
**Circumstances** achievement in school, work experience, or your participation in school and community activities.

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**Other** Please list the name and annual amount of any grants you have been awarded for the coming school year only  
**Awards**

Name of Award	Amount	Circle One
_____	\$ _____	Granted Pending
_____	\$ _____	Granted Pending

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**Application Checklist** The student is responsible for submitting all materials Chambers Sports Foundation on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Chambers Sports Foundation has received all of the following materials:

- Student Application
- Current Complete Transcript(s) of Grades
- Letter of Recommendation From Community Leader
- Essay on Volunteer Efforts (250-500 words)

All materials, including transcript and letter of recommendation must be addressed to:

**Chambers Sports Foundation**  
**C.A.T.C.H. 84 Scholarship Program**  
**P.O. Box 43125**  
**Euclid, Ohio 44123**

You may also fax or email your materials to:  
Email: [Chriswalker@cicsports.net](mailto:Chriswalker@cicsports.net)  
Fax: (216) 481-7685

**POSTMARK DEADLINE JUNE 9, 2008**

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**Certification** Chambers Sports Foundation has the sole responsibility for selecting recipients based on criteria set forth in the programs description. This application becomes the property of Chambers Sports Foundation. (It is recommended that you keep a copy for your files)

*I acknowledge decisions of Chambers Sports Foundation are final. I certify I meet all eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested I will provide proof of the information provided in this application. Falsification of information may result in termination of any award granted.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



