

Kathy Musgrave Founders Sports Medicine & Exercise Science Academy Scholarship

This scholarship was created in honor of retired Olathe teacher and administrator Kathy Musgrave to commemorate her role in the creation of the Sports Medicine program at Olathe North.

This \$1,000 scholarship will be awarded to one Olathe North Sports Medicine and Exercise Science Academy participant, in the hopes that it will enable them to better themselves academically and lighten the financial burden of college. This scholarship seeks to award students who value the role physical activity plays in maintaining a healthy lifestyle and who plan to pursue further education in a health-related field.

Students will be required to submit two letters of recommendation, as well as a short essay.

Application Procedures

All application should be completed in full and accompanied by the following required documentation:

- Completed application form
- Official transcript w/GPA
- E-Hours Statement
- Personal Statement/Essay
- Two letters of reference

Application deadline: **4 p.m. on Friday, March 2, 2018**

Late applications will not be accepted.

Application packets should be dropped off or mailed to:

Olathe Public Schools Foundation

300 E. Loula Street, Olathe, KS 66061

APPLICANT ELIGIBILITY

To apply for this scholarship, an applicant must meet all of the following requirements:

- **Sports Medicine & Exercise Science Academy student:** The applicant must have participated in the Sports Medicine & Exercise Science Academy for at least two years and currently be in good standing.
- **Olathe High School Attendance:** The applicant must be a current senior at Olathe North High School. The applicant must have a minimum unweighted GPA of 3.0 as of the end of the first semester of his or her senior year.
- **College Enrollment:** The applicant must enroll or plan to enroll in either an accredited community college or a four-year college or university or plan to enroll in a health-related technical education program.

The Kathy Musgrave Founders Scholarship for Sports Medicine

PAYMENT OF SCHOLARSHIP

Payment of the scholarship will be made directly to the college or university. It will be the scholarship recipient's responsibility to provide proof of enrollment to the Olathe Public Schools Foundation in a timely manner, as directed in the award letter.

Personal Statement:

Each applicant must provide an essay (500-word maximum limit) responding to the following prompts:

“What health-related field do you plan to study and why? How will this scholarship help you achieve that objective? Why should we invest in you?”

Kathy Musgrave Founders

Sports Medicine & Exercise Science Academy Scholarship

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Student's e-mail address: _____

Student's phone number (xxx-xxx-xxxx): _____

Un-weighted GPA : _____ (GPA after completion of first semester of senior year)

Please list the institutions to which you have applied: _____

Please list your anticipated field of study: _____

Financial Status:

Please check the appropriate gross taxable income for your family last year

_____ Less than \$35,000

_____ \$35,001 to \$55,000

_____ \$55,001 to \$100,000

_____ over \$100,000

Number of dependent children who live in your main residence: _____

Number of those dependent children in college next year: _____

Please detail any circumstances that will help the judges understand any unique financial circumstances: _____

Applicant Signature

By signing below, I hereby certify that the statements contained in this application are true, accurate and complete. I certify that I presently meet all eligibility requirements set forth in this application. I understand that if awarded this scholarship, that disbursement of funds is dependent upon me meeting the requirements set forth above.

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