CFABC EAGLE PRIDE SCHOLARSHIP



Cy-Falls Athletics Booster Club Scholarship

Eight one-time \$500 scholarships will be awarded to four senior boys and four senior girls who have participated in athletics at Cypress Falls High School.

Eligibility Requirements – Please read thoroughly!

- Applicant must be a Cy-Falls Senior athlete, trainer, or manager of a UIL School Sanctioned Sport.
- Applicant must have a minimum GPA of 3.0 on a 6.0 scale.
- Applicant must have taken a college placement test (i.e. SAT, ACT, THEA, ASSET, or COMPASS) and submit copy of scores.
- Official confirmation / documentation of ACT or SAT Score.
- Applicants must request that the Registrar's Office send an "Official Transcript" directly to Renee' Mullen in the Athletic Department Cy Falls High School. Transcript will be considered "Unofficial", and thus voiding the application, if submitted by the applicant.
- Two letters of recommendation (one from a Cy Falls coach or teacher and one from a community leader). Those writing the letters of recommendation should submit the letters directly to Cy Falls Athletic dept.
- Applicant must complete all questions and essays related to the scholarship application truthfully and honestly.
- Family of applicant must be an active /participating member of the Cy- Falls Athletics Booster Club at the time of application being submitted.
- Completed Application must be submitted in person or mailed not later than 4:00 p.m. on March 1,
 2017 to:

Renee' Mullen Secretary to the Athletic Coordinator Cy Falls High School 9811 Huffmeister Rd. Houston, Texas 77095 281-856-1439

Selection process is based on the following factors:

- Athletic Experience
- Applicant Personal Statement and Essay.
- Academic Achievements
- Extracurricular Activities
- Community Services
- Note: Please understand that this scholarship is not driven by GPA solely. The recipients must display that they are well rounded individuals, with a high level of community service, school spirit, and "Eagle Pride".

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APPLICANT INFORMATION:

Application Deadline date: March 1, 2017

		Cell Phone			
Email		Home Phone			
Address		City	Zip		
APPLICANT TRA Please attach an "o obtained in the regi.	fficial" copy of your hig	gh school transcript to the back of this	application. These can be		
ATHLETIC EXPE Please list UIL spor recognitions receive	ts participation, team, n	number of years, and any athletic hono	ors, awards and/ or special		
Sport	Years played	Honors, Awards an	d Special Recognition		
		Honors, Awards an			
ACADEMIC ACH	IEVEMENTS				

		Student's Name	
EXTRACURRICULAR A	ACTIVITIES		
Organization	Year	Activity	
COMMUNITY SERVICE	E		
Date (from - To)	Organization	Hours	
SAT or ACT Score _			
APPLICANT PERSONA (Please share on a separat			
Both questions should be typed single spaced.	answered in essay form. Pleas	se keep each essay to half a page. Essay should l	be
	hat "Eagle Pride" means to yring your years at Cy Falls.	ou, and how you have displayed your definition	of
2. Please describe h	ow your experiences at Cy Fa	lls will assist you in your future endeavors.	
I am signing below acknothis application were answ		on answered and information provided pertainii	ng to
Student Signature		Date	
Parent / Guardian Signat	ure	Date	

I understand that my application will be seen by Cy Falls coaches, members of the CFABC scholarship committee, and independent evaluators selected by the CFABC Board. I also understand that each individual reviewing this information is necessary to determine the final outcome of the CFABC Eagle Pride Scholarship winners.

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This page is for your convenience. Thus, it should be used as a guide to ensure that all materials are properly submitted.

Checklist List:

1	Completed /Signed Application.
2	Official Transcript
3	Two reference letters
4	Parent Form
5	Two completed essays
6.	Official documentation of ACT/SAT Score.

Completed Application must be submitted in person or mailed not later than 4:00 p.m. on March 1, 2017 to:

Renee' Mullen Secretary to the Athletic Coordinator Cy Falls High School 9811 Huffmeister Rd. Houston, Texas 77095 281-856-1439

Note: This page does not have to be submitted with your application

Parents / Guardians

Member of Boo	oster Club (circle ea	ach school year that	you were a member)	
2013 - 2014	2014-2015	2015 - 2016	2016 - 2017	
	ours and brief desc school athletic care		articipation throughout	your
2016 – 2017				
		Tot	al Hours	
2015 – 2016		100		
		To	tal Hours	
2014 – 2015				
		T	otal Hours	
2013 – 2014				
			Total Hours	
Signature of Pa	rent(s)/ Person who	participated		
Parent / Guardi	an Signature		Date	
Student Signati	are (please print)		Date	