



# Sydney Angle #35 Memorial Foundation Scholarship

---

Sydney Angle was a nine year old dynamo, a bright light in this world that was lost on May 20, 2013. We hope with this scholarship her spirit will live on and the recipient of this scholarship will love the game of softball as much as she did. The 2018 Sydney Angle Memorial Foundation Scholarship will benefit an Oklahoma high school senior softball player whose intent is to play softball on the collegiate level.

## Eligibility

- **Enrollment:** Student must be enrolled at an Oklahoma high school.
- **Senior Status:** Student must be a senior graduating during the 2017-18 School Year
- **Athletic Participation:** Applicant must be currently participating on a school or travel girl's softball team. Applicant must have a minimum of 2 full seasons participating in the sport of softball. Applicant must also be committed to play softball at the collegiate level.
- **Academic Achievement:** Student must have an overall high school grade point average (through the end of the current third quarter) of 3.3 or better.
- **Higher Education:** Student must plan to enroll at a 2-year or 4-year college or university within 8 months of graduation from their high school.

## 2018 Application Requirements

- **Application Deadline:** This application and all required documents must be received by 4/01/2018 to be eligible for the scholarship. You must mail the required documents all in one. Do not send them separately. Please make sure all documents are legible. Applications not completed with not be considered.
- **Mailing Address:** PO BOX 893086, Oklahoma City, OK 73189
- **2 Letters of Recommendation:** Letters from non-relatives. One of these letters can be from a former or current coach, but not required.
- **Essay:** A two-page essay explaining what softball has done for you and what you enjoy most about the game. Sydney had a unique love of the game and a joy for life. We want to read what you love about the game, and why-after all this time, you still play.
- **Proof of GPA:** Include a copy of your high school transcript through to the current time in your senior year.
- **No staples please!** We have to make copies and scan into files, no staples makes things go a lot quicker-thank you.

## 2018 Application Information

**Student's Name:**

**High School:**

**GPA:**

**Home Address:**

**Cell Phone Number:**

**Email:**

**As of this time, school you plan to attend:**

**Have you been accepted:**

**If not, please explain:**

**Scholarship awarded?**

**Planned course of study:**

**Parent/Guardian Name:**

**Phone Number:**

**Email:**

**Softball Coach Name:**

**Phone Number:**

Instruction: In the Athletics section please indicate the level played in the boxes: "9" for Freshman team, "JV" for junior varsity team, "V" for varsity team, "T" for travel team. In the Other Activities section place an "X" in the appropriate boxes.

**Athletics - All Sports Played**

**9<sup>th</sup>   10<sup>th</sup>   11<sup>th</sup>   12<sup>th</sup>**



**List significant accomplishments, awards received and leadership positions held:**

---



---



---



---

---

**Other School & Non School Activities:**

Includes, but not limited to, student government, music/band, drama, clubs, volunteer work and paid employment.

	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>

**List significant accomplishments, awards received and leadership positions held:**

---

---

---

X

Applicant's signature

X

Parent/Guardian's signature

**Payment of Scholarship:**

The payment of the scholarship will be made as a one-time payment to the registrar of the chosen institution of higher learning in one complete installment at the beginning of the school year. The profit from the 2018 Sydney Angle #35 Memorial Softball Tournament will fund this scholarship. In the event that the profit exceeds \$5000 the money will be divided equally among the recipients with a percentage setting aside for the next years tournament start up costs. Total dollar of each scholarship is determined by committee and is subject to change yearly.

**Selection Committee:**

Applicant may not be related to any person on the selection committee. In the event that a relative is on the committee a replacement person will be appointed to the committee.

I, \_\_\_\_\_, hereby grant permission to the Sydney Angle Memorial Foundation (from this point forward referred to as the "Foundation") to use my image (photographs and/or video) for use in any and all Foundation publications including videos, email, social media, brochures, newsletters, and magazines and to use my image in electronic versions of the same publications or on the Foundation website or other electronic forms of media. This shall include images and/or video taken by the Foundation as well as images and/or video provided by myself or my representative(s). I assume the responsibility for copyright for any images and/or video provided to the Foundation by myself or my representative.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please check the paragraph below which is applicable to your present situation:

\_\_\_\_\_ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing to Foundation personnel prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: \_\_\_\_\_ Name (please  
print): \_\_\_\_\_

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

Signature: \_\_\_\_\_

Signature of parent or legal guardian (if under 18 years of age):  
\_\_\_\_\_