



Football Scholarships are awarded from the McQueen Lancer Football Booster Fund

Scholarship total amount is determined by the Board.

Award amount will be divided between selected applicants.

SCHOLARSHIP DEADLINE: October 6, 2023

Eligibility Criteria:

1. Student athlete must have played football at the high school level for at least 3 years.
2. Student athlete must have played football for McQueen High School for at least 2 years.
3. Student athlete must have maintained a minimum cumulative GPA of 3.2 throughout high school.
4. Student athlete must be attending college/trade school or enlisting in the military the next school year.

Application Process:

1. Complete the attached Scholarship Application.
2. Submit a short (one paragraph) essay answering the following:
 - a. Include the purpose for the scholarship assistance and any special circumstances.
 - b. Indicate why you feel you are a good candidate for the Football scholarship.
 - c. Sign and date your essay.
3. Provide one academic recommendation and one community recommendation. Forms for these recommendations are attached. These recommendations should be returned in confidential, sealed envelopes along with your application.
4. Provide a copy of your high school transcripts.

All required documents should be placed in a sealed envelope and addressed as follows:

Attention: McQueen Football Boosters with Football player's Name. The application packet is to be turned into either Coach Marner or Diane Wood, the athletic secretary, by the end of the day on October 6, 2023. **Late applications will NOT be accepted.**

All CRITERIA must be met, and all application materials submitted to be considered. Incomplete applications will automatically be rejected.



McQueen Football Boosters
Scholarship Application

Recipient Name

Parent/Guardian Name(s)

Address

City, State

Zip

Recipient Phone #

Parent/Guardian Phone #

High School(s) where you have played football: _____

Years played football: _____ Date of Graduation: _____

College Major: _____ Career Goal: _____

College, university, or military branch you hope to attend: _____

Indicate below your school activities, including club membership, offices held, awards, honors, sports, and/or recognition you have received.

Indicate below your community involvement including civic organizations, church, clubs, volunteer work, etc.

Are you currently employed? Yes _____ No _____ If yes, name of employer: _____

I will be including the following confidential recommendations in support of my application for scholarship:

1. _____
Teacher

2. _____
Community Member

As a scholarship applicant, I hereby release information contained on this application as well as my academic transcripts to the McQueen Lancers Football Boosters. In addition, I waive my right to access and review confidential recommendations acquired for purposes of determining and granting this scholarship. I understand that scholarships may be denied if any information reported on this application is found to be intentionally misleading or inaccurate.

Signature of Applicant

Parent/Guardian Signature

Date



McQueen Football Boosters
Scholarship Application

CONFIDENTIAL Scholarship Recommendation Form

Name of Applicant: _____

The applicant has waived his/her right to view this recommendation. Your assessment of this candidate is of vital importance to the application.

How long have you known this applicant? Years: _____ Months: _____

What is the basis for your recommendation? Academic Recommendation

 Community Recommendation

How do you know the applicant? _____

Please rate the applicant on the following attributes:

	Excellent	Good	Average	Below Average
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplement your ratings of this applicant by noting additional information below regarding his/her worthiness or non-worthiness for scholarship consideration.

This applicant is recommended: (Check one)

Strongly recommended Recommended with reservations Not recommended

Signature: _____

Position: _____

RETURN COMPLETED FORM TO THE APPLICANT IN A SEALED CONFIDENTIAL ENVELOPE



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Scholarship Application

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Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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