Scholarship Application

Region I College Education Scholarship

I. Eligibility
   a. All Region 1 Club vaulters that have been members of the AVA and a Region 1 Club for the past 12 months
   b. Recent high school graduate or college student

II. Awards
   a. The scholarship will be awarded based on a point system list in section III
   b. Only fully completed applications submitted prior to the deadline will be considered

III. Points System (Participated in over the last 4 years)
   a. One (1) point for each Region 1 Competition
   b. One (1) point for each Region 1 sponsored clinic
   c. One (1) point for each Vaulting outreach activity (ie Demos)
   d. One (1) points for attending the AVA Annual Meeting or Education Symposium
   e. One (1) point for coaching or assistant coaching
   f. One (1) to five (5) points for the essay

IV. Application Deadline
   a. Application and Essay must be received by June 30, 2021
   b. Please email application and essay to: peggy.vanhook@gmail.com

V. Award
   a. The scholarship is $500
   b. Proof of enrollment must be supplied upon request

VI. Essay Question
   a. **Question:** Why have you chosen vaulting, include a personal experience that has contributed to your growth and development.

   b. Must be typed, double spaced and be between 500 to 1000 words
Region 1 Scholarship Application

Name: _______________________________________  Date of Birth: __________________

Address: __________________________________________________________

City: ___________________________  State: _______  Zip: _______________

Phone: ___________________________

Region 1 Club: ________________________________________________

Region 1 Competitions Attach additional as necessary:
_____________________________________________________________________
_____________________________________________________________________

Region 1 Volunteer activities: ___________________________________________
_____________________________________________________________________

Have you ever attended the AVA Annual meeting or Education Symposium?
Yes____   No _____
If so, what years: ________________________________________________

AVA Region 1 Clinic Participation

As the event coordinator, I certify the participation of ______________________ in a clinic
held at ____________________________ on (date) __________.

_____________________________          ________________________
Signature                            Date

_____________________________          ________________________
Print name                            Phone number

Official Use Only
Application received: ______________
Essay received: ________________