Scholarship Application

Region I College Education Scholarship

I. Eligibility
   a. All Region 1 Club vaulters that are members of the AVA and a Region 1 Club.
   b. Recent high school graduate and full-time college student

II. Awards
   a. The scholarship will be awarded based on the 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 July 31, 2022
   b. Please email application and essay to: peggy.vanhook@gmail.com

V. Award
   a. The scholarship is $1,000
   b. Proof of enrollment must be supplied upon request

VI. Essay Question
   a. Question: What ideas do you have that could help our region to support and develop all our vaulters from beginners to advanced. Please be specific.
   b. Must be typed, double spaced and be between 500 and 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

_________________________________________  Phone number

_____________________________________________________________________

Official Use Only

Application received: _______________

Essay received: _________________