

# JEFF KALLAL MEMORIAL SCHOLARSHIP AWARD

## SCHOLAR ATHLETE APPLICATION

*This award will be presented in remembrance of Jeffrey Eugene Kallal, a former scholar-athlete at Civic Memorial High School, who died of cancer at the age of 25. Any Civic Memorial High School student who participates in basketball during their senior year will be eligible to apply for the scholarship. The scholarship will be awarded based on merit **with the major emphasis on academics** without regard to race, sex, or national origin.*

***The amount of the scholarship will be a minimum of five hundred dollars (\$500)***

### ***Requirements for the scholarship:***

1. *Student must participate in basketball during their senior year at Civic Memorial.*
2. ***Student must be endorsed by a faculty member, who should review the application and offer any additional comments they so desire.***
3. *Application should be returned to **Mrs. Zelasko in the Civic Memorial High School Counseling Office** no later than **2:00 p.m. on Friday, April 26, 2024.***

### ***Selection will be based on the following:***

- *Involvement in organizations*
- *Participation in school related functions*
- *Work within the community*
- *Any service organization membership*
- *Church or volunteer efforts*
- *Leadership in the classroom*
- *Display of responsibility*
- *Moral character*

***Scholarship money will be awarded toward the first year of any accredited college, university, trade or vocational school.***

- *Winner must graduate from high school*
- *Scholarship money should be used for tuition, fees, books, etc.*
- *Scholarship must be used within 12 months of the award*

***The decision of the Scholarship Committee is final. The committee reserves the right to withhold the scholarship if in their opinion there are no qualified applicants.***

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***Signature of Parent***

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***Signature of Applicant***

**SCHOLARSHIP APPLICATION**  
**(please print or type)**

NAME \_\_\_\_\_  
*Last* *First* *Middle Initial*

ADDRESS \_\_\_\_\_  
*Street or P.O. Box* *City* *State* *Zip*

PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

CUMULATIVE HIGH SCHOOL GPA \_\_\_\_\_

FINAL CLASS RANK \_\_\_\_\_ OUT OF CLASS OF \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES, ORGANIZATIONS AND CLUBS:  
(Show years of involvement and any offices held)

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COMMUNITY OR OTHER ACTIVITIES: \_\_\_\_\_

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LIST SCHOLARSHIP HONORS AND AWARDS: \_\_\_\_\_

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**FACULTY MEMBER ENDORSEMENT** (Signature is required, comments are optional.)

Faculty Member Signature \_\_\_\_\_

Faculty Member Comments \_\_\_\_\_

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**APPLICATIONS NOT ACCOMPANIED BY A FACULTY ENDORSEMENT WILL BE DISQUALIFIED.**

**APPLICATIONS MUST BE RETURNED TO THE CIVIC MEMORIAL  
COUNSELING OFFICE BY 2:00 P.M. ON FRIDAY, APRIL 26, 2024.**