



Mount Olive Soccer Club

Jennifer L. Cialone

Memorial Scholarship Fund

The Mount Olive Soccer Club awards a total of \$2,000 annually in scholarship funds for two students that will be graduating each year. This scholarship, which started in the spring of 2005, is dedicated to the memory of Jennifer L. Cialone a member of the Mount Olive Soccer Club whose commitment to academics, community and the game of soccer is so proudly named.

Amount of Scholarship

The amount of the scholarship will be \$1,000.00 for each recipient. Funds for any additions to this amount will come from club fundraisers and be voted on by the club officers. The scholarship will be issued one time for each recipient and will be nonrenewable.

Scholarship Committee

The Scholarship Committee shall consist of four (4) members appointed by the Mount Olive Soccer Club Board of Directors. The Club President shall appoint this committee no later than the March general meeting. A committee member may not have a relative participating in the Mount Olive Soccer Club as a senior in high school during their term on the committee.

Selection Process

The Club President will receive the scholarship applications first. Copies will then be given to the committee so as the name of the student is unavailable. The committee will rate the application according to the following criteria without knowing the name of the student involved.

1. Soccer involvement – Scale points 1-8
2. Academic Standing – Scale points 1-8
3. Teacher (2) evaluations – Scale points 1-5
4. Extracurricular activities – Scale points 1-4
5. Community service/Volunteer programs – Scale points 1-5
6. Essay – Scale points 1-20

A maximum point scale of 50 can be achieved. The two students with the highest point scale will be selected.

If the Club President is related to a qualifying senior applicant, his duties will be performed by the VP of Operations, followed by the VP of Play, followed by an elected member of the club.



SCHOLARSHIP GUIDELINES cont...



I. Amount

The amount of the scholarship will be \$1,000.00 for each recipient.

II. Eligibility

Graduating seniors who have actively participated in the Mount Olive Soccer Club for at least three (3) years or six (6) seasons, and who have met college entrance requirements.

III. Criteria for Consideration

1. Must have demonstrated a strong history of soccer involvement.
2. Academic standing.
3. Teacher (2) evaluations.
4. Extracurricular activities.
5. Participation in community service and/or volunteer programs.
6. Essay: Submit a brief narrative of no more than 1,000 words describing how soccer has influenced your character, discipline, teamwork, leadership and self-esteem.

IV. Instructions for completing and submitting application

1. Complete entire scholarship application form
2. Teacher evaluation forms – must be completed by two (2) separate teachers
3. Scholastic report – must be completed by a high school counselor
4. Completed applications must be submitted to the Club President or mailed with a postmark no later than April 15th of the current year. Completed applications may be mailed to;

**Mount Olive Soccer Club
Attn: Scholarship Committee
P.O. Box 20
Flanders, NJ 07836**

V. Final Selection

1. The Scholarship Committee will review all applications submitted in accordance with the scholarship guidelines.
2. The selected students will be notified in writing as soon as possible and announcement of the selections will be made in June.
3. Scholarship funds will be issued to the selected applicants upon the submittal of an acceptance letter from an accredited college, university or trade school.

**If the application isn't attached,
visit our web site www.mountlivesoccer.com to obtain one**



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SCHOLARSHIP APPLICATION

Full Legal Name: _____

Address: _____

Telephone: _____ Date of Birth: _____ Sex: M F

Year's of participation in the Mount Olive Soccer Program _____

What college or universities have you applied or been accepted by:

On a separate piece of paper please explain the following

1. Please explain why you want to attend college and what your college plans are:
2. Please give a detailed description of your involvement in the Mount Olive Soccer Club as a Player, Referee or Volunteer:
3. Participation in extracurricular activities (school related):
4. Participation in community and civic activities:
5. Essay: Submit a brief narrative of no more than 1,000 words describing how soccer has influenced your character, discipline, leadership and self-esteem:



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SCHOLASTIC REPORT

To be filled out by your schools Guidance Counselor

Student's Full Legal Name: _____

Student's overall high school grade point average: Average: _____ Maximum: _____

Student's rank in class as of last completed semester: Rank: _____ Class Size _____

Print Name of Counselor _____

Contact Phone Number _____

Counselor Signature _____

Date _____



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TEACHER EVALUATION #1

Student's Full Legal Name _____

Teacher's Name: _____

Subject: _____

Description <small>*please initial by each applicable answer</small>	Below Average	Average	Above Average	Excellent
1. Quality of assigned work	_____	_____	_____	_____
2. Quality of participation in classroom discussion	_____	_____	_____	_____
3. Degree of intelligent curiosity displayed by this student	_____	_____	_____	_____
4. Initiative in work not assigned by the teacher	_____	_____	_____	_____
5. General deportment of student	_____	_____	_____	_____
6. Dependability	_____	_____	_____	_____
7. Ability to carry responsibility	_____	_____	_____	_____
8. Comments _____				

*student may attach a college recommendation letter from this teacher in lieu of comments in section #8

Teacher Signature: _____ Date: _____

Contact Phone # _____



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TEACHER EVALUATION #2

Student's Full Legal Name _____

Teacher's Name: _____

Subject: _____

Description <small>*please initial by each applicable answer</small>	Below Average	Average	Above Average	Excellent
1. Quality of assigned work	_____	_____	_____	_____
2. Quality of participation in classroom discussion	_____	_____	_____	_____
3. Degree of intelligent curiosity displayed by this student	_____	_____	_____	_____
4. Initiative in work not assigned by the teacher	_____	_____	_____	_____
5. General deportment of student	_____	_____	_____	_____
6. Dependability	_____	_____	_____	_____
7. Ability to carry responsibility	_____	_____	_____	_____

8. Comments _____

*student may attach a college recommendation letter from this teacher in lieu of comments in section #8

Teacher Signature: _____ Date: _____

Contact Phone # _____



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CONDITIONS OF ACCEPTANCE AND USE

I _____, do certify that the information in this application is correct to the best of my knowledge. I hereby give my permission for this information to be released to the donor or potential donors of any scholarship for which I may be eligible. I understand that a Mount Olive Soccer Club Scholarship is awarded to a graduating high school senior who has participated in the Mount Olive Soccer Club as a player or referee for a minimum of three (3) years or total of six (6) seasons.

1. If I receive other scholarships totaling \$15,000.00 or more, I will immediately contact the Mount Olive Soccer Club in order that the Mount Olive Soccer Club Scholarship can be awarded to an alternate candidate.
2. I understand that the Mount Olive Soccer Club Scholarship is to be used to further my education at an accredited college, university or trade school. I agree to attend the fall semester immediately following my high school graduation and to carry at least 12 semester college hours. If for any reason I fail to comply with this, I agree to return the amount of my scholarship to the Mount Olive Soccer Club.

The Parent(s)/Guardian(s) of the above student have read and understand the above Conditions of Acceptance and Use associated with the Mount Olive Soccer Club Scholarship and will abide by the Conditions of Acceptance and Use if my son/daughter/ward is selected to receive the Mount Olive Soccer Club Scholarship.

Signed this day, _____ month, _____ of the year _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Applicant Signature _____