

ATTENTION COLLEGE AND UNIVERSITY STUDENTS

The Southern California Municipal Athletic Federation (SCMAF) is now accepting applications for the 23rd Annual SCMAF Scholarship Program, sponsored by the Guerrero Family Scholarship.

All students wishing to apply for a scholarship must be attending a college or university located within the SCMAF boundaries, and must be graduating after December 2010.

To be considered for a scholarship, candidates must submit the following:

- A complete Scholarship application
- Two character reference ratings
One must be from a teacher/professor
- Copy of most recent grade report
- Resume

All applications will be reviewed by the SCMAF Scholarship Committee, and the selected scholarship recipients will be notified in writing. The scholarship will be awarded at the SCMAF Institute on Wednesday, October 6, 2010 at the Congresswoman Juanita Millender-McDonald Community Center.

Complete application packets must be postmarked by
Friday, September 17, 2010 to:



Mail to:	or	Deliver to:
SCMAF Student Scholarship Attn: Scholarship P.O. Box 3605 South El Monte, CA 91733		SCMAF Student Scholarship Attn: Scholarship 823 Lexington Gallatin Rd. South El Monte, CA 91733

For additional information please call Tim Ittner SCMAF Executive Director
626-448-0853 Ext.16
or Email at TimIttner@scmaf.org or SCMAF@scmaf.org

**SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION
2010 SCHOLARSHIP APPLICATION**

Name _____ Home Phone (____) _____

Address _____ Work Phone (____) _____

City _____ Zip Code _____

College/University attending _____

Number of units in progress _____

Anticipated graduation date _____ Degree _____

Major _____ Units completed _____ Quarter/Semester (circle)

Minor _____ Units completed _____ Quarter/Semester (circle)

GPA in Major _____ Overall GPA _____

RECREATION EXPERIENCE: VOLUNTEER (attach additional pages if needed)

Agency _____ Job Title _____

Address _____ Supervisor _____

City _____ Zip Code _____ Phone (____) _____

Dates Volunteered: From _____ To _____ Number of Hours _____

Brief Description of Duties/Job Performed: _____

RECREATION EXPERIENCE: PAID (attach additional pages if needed)

Employer _____ Job Title _____

Address _____ Supervisor _____

City _____ Zip Code _____ Phone (____) _____

Dates Worked: From _____ To _____ Hours Worked Per Week _____

Brief Description of Duties/Job: _____

Relate career goals and objectives: _____

Professional Affiliations/Clubs or Organizations: _____

Awards and Honors received: _____

How will this Scholarship benefit you?: _____

Describe any involvement that you have had with SCMAF: _____

Please submit the following with your application:

- Two character reference ratings. One from a teacher/professor
- Copy of most recent grade report
- Resume

I certify that all information on this application is true and complete.

Applicants Signature _____ Date: _____

Deadline to submit: Tuesday, September 17, 2010

Submit Applications by mail or delivery:

Mail to:	or	Deliver to:
SCMAF Student Scholarship Attn: Scholarship P.O. Box 3605 South El Monte, CA 91733		SCMAF Student Scholarship Attn: Scholarship 823 Lexington Gallatin Rd. South El Monte, CA 91733

FAX: (626) 448-5219
Email: SCMAF@scmaf.org

For additional information please call Tim Ittner 626-448-0853 Ext.16 or E-mail: TimIttner@scmaf.org

SOUTHERN CALIFORNIA MUNICIPAL ATHLETE FEDERATION CHARACTER REFERENCE RATING FORM

APPLICANTS NAME: _____

Please rate the applicant by placing a checkmark in the appropriate column for each category.

Indicate "N/A" if you have no bases for judgment

	Truly Exceptional	Outstanding	Above Average	Average	Below Average	N/A
Motivation						
Ability to work well with others						
Independence of Thought						
Oral Communication skills						
Written Communication Skills						
Creativity						
Self-Confidence						
Leadership						

Please write a brief summary of applicants qualities: _____

Rater's Name _____ Title _____

Date _____ School/Agency _____

Signature _____ Phone (_____) _____