

PROFESSIONAL **ATHLETES** FOUNDATION  
THE GENE UPSHAW PLAYER ASSISTANCE FUND

Professional Athletes Foundation & HearStrong Scholarship Program

**Spring 2020**

## **Criteria for Professional Athletes Foundation Student Scholarship**

This scholarship opportunity is designed for student athletes with hearing loss who are enrolled or intend to enroll in a university, college, or two-year institution (that does not provide athletic scholarships.) The scholarship rewards student athletes for their non-athletic achievements and assists them in reaching their career goals.

### **Eligibility**

1. Grade Point Average of 2.0 or better
2. High school senior – college sophomore status
3. Accepted at or enrolled in a 2 or 4-year college or university
4. Nominated by a coach or other faculty member
5. Participated at the varsity level in athletics for at least one year
6. Has not accepted any scholarship funds or grants to participate in college athletics

### **Criteria for Evaluation**

1. Career goals
2. Nomination by coach
3. Academic achievement
4. Potential for success
5. Leadership and character
6. Indication of how athletic competition has aided in personal growth

### **Nomination Materials**

The following materials should be provided to the Scholarship Committee:

1. Coach's nomination letter
2. Application form completed by student and signed by coach and academic advisor
3. 500 word essay provided by student
4. Academic transcript

### **Instructions**

1. The application must be filled out by the student applicant. Please print or type
2. All requirements must be met and all information complete for an application to be considered
3. The application form and essay should be given to the coach/nominator who is responsible for seeing that all application materials are forwarded to the superintendent's office

# 2020 STUDENT ATHLETE SCHOLARSHIP

HearStrong



## Scholarship Submission Information

Email copy of application to: [info@hearstrong.org](mailto:info@hearstrong.org)

OR

Mail hard copy of application to:

**HearStrong**  
701 Erie Blvd. West  
Syracuse, NY 13204

For any questions call 866-432-7500

The scholarship deadline:  
**June 14, 2020**

***Note:** A student who accepts this scholarship and plans to participate in athletics at the college level as a non-scholarship or “walk-on” athlete should carefully examine how the scholarship might impact the college or university. Any high school athlete who receives any form of financial aid or scholarship funds, including this scholarship, and who intends to participate in athletics at a school governed by the NCAA falls under NCAA guidelines and should consult with appropriate college counselors about how this scholarship might affect athletic eligibility.*

# 2020 STUDENT ATHLETE SCHOLARSHIP

HearStrong



Name \_\_\_\_\_

Last four digits of SSN# \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Parents' names \_\_\_\_\_

## Academic Information

GPA \_\_\_\_\_

Class Rank \_\_\_\_\_

Percentile Rank \_\_\_\_\_

SAT Scores

EBRW \_\_\_\_\_

Math \_\_\_\_\_

ACT Scores

English \_\_\_\_\_

Math \_\_\_\_\_

Reading \_\_\_\_\_

Science \_\_\_\_\_

## Athletics

High School / College Athletic Involvement:

## School Activities

List other school activities in which you have been involved:

# 2020 STUDENT ATHLETE SCHOLARSHIP



## College Plans

College(s) that you have been accepted at or applied to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Expected College Major:

\_\_\_\_\_

## History with Hearing Loss:

When were you diagnosed with hearing loss by a licensed hearing healthcare professional?

\_\_\_\_\_

What type of hearing technology (hearing aids, cochlear implants, etc.) do you currently utilize?

\_\_\_\_\_

Name of your current hearing healthcare professional \_\_\_\_\_

Practice Name \_\_\_\_\_ Phone # \_\_\_\_\_

# 2020 STUDENT ATHLETE SCHOLARSHIP

HearStrong



*EarQ*

## Essay:

In no more than 500 words, indicate why participation in athletics has been important to you and how this scholarship will help you achieve your career goals.

**2020 STUDENT ATHLETE  
SCHOLARSHIP**



**Signatures**

I acknowledge that the information provided on this application is accurate.

Student Nominee \_\_\_\_\_

Date \_\_\_\_\_

To the best of my knowledge, the attached academic information is accurate.

Counselor or Academic Advisor \_\_\_\_\_

Date \_\_\_\_\_

# 2020 STUDENT ATHLETE SCHOLARSHIP

HearStrong



## Coach's Nomination Form

The Professional Athletes Foundation extends a \$1,000 scholarship opportunity to a student athlete who has overcome hearing loss by utilizing hearing technology.

The Professional Athletes Foundation believes that student athletes should be recognized for their academic achievement and should be encouraged to pursue career goals beyond athletics.

Student athletes who will not obtain an athletic scholarship to compete in athletics at the collegiate level are eligible. High school student athletes who will participate in athletics at a college or university that does not give athletic scholarships are also eligible.

The Scholarship Committee encourages you to nominate a student athlete with hearing loss who has shown academic achievement, leadership skills, and strong promise for career goals.

### Please provide the following information:

Nominated Student \_\_\_\_\_

Please fill out a a 250-300 word letter of nomination on the next page, indicating how this student meets the criteria for the scholarship.

Name \_\_\_\_\_

Sport Coached \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_



**2020 STUDENT ATHLETE  
SCHOLARSHIP**

**HearStrong**



*EarQ*

**Coach Essay:**