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Clearwater For Youth

2020 Richard O. Jacobson Postsecondary Scholarship Application

Name: _____ Date: _____

Address: _____

City

Zip

Email: _____

Phone number: _____

High School: _____

Overall GPA _____ Test Scores ACT: _____ SAT: _____

To which organizations have you volunteered your time?

○ _____ How long? _____

○ _____ How long? _____

What leadership roles have you taken in your community and school?

○ _____

○ _____

○ _____

○ _____

An **ESSAY IS REQUIRED** as part of your application. The topic of the essay is: “Why are you a strong candidate for the Clearwater For Youth Richard O. Jacobson Postsecondary Scholarship? What would this award mean to you and your pursuit of higher education?”

This essay should be no longer than **one page**.

Please complete the chart below based on your High School extracurricular participation:

ACTIVITY	FRESHMAN	SOPHOMORE	JUNIOR	SENIOR	CAPTAIN or LEADERSHIP YES/NO
BAND					
BASEBALL					
BASKETBALL					
CHEERLEADING					
DRAMA					
FOOTBALL					
GOLF					
LACROSSE					
SOCCER					
SOFTBALL					
SWIMMING					
TRACK					
VOLLEYBALL					
OTHER:					

Please list High School academic, community and/or sports accolades you would like CFY to consider:

- _____
- _____
- _____
- _____

Please identify any CFY supported/City of Clearwater/North Pinellas sports organizations in which you have been a part of and fill in the number of years you participated in each group:

- **Blazin Ravenz Track Club** Years played _____
- **Clearwater Aquatic Team (CAT)** Years played _____
- **Clearwater Basketball Club** Years played _____
- **Clearwater Bullets** Years played _____
- **Clearwater Jr. Tornadoes** Years played _____
- **Clearwater Little League & Challenger Division** Years played _____
- **Clearwater Lady Bombers** Years played _____
- **Clearwater Soccer Club (Chargers)** Years played _____
- **Yellow Jacket Lacrosse** Years played _____
- **Countryside Jr. Cougars** Years played _____
- **Countryside Little League** Years played _____
- **Dunedin Jr. Falcons** Years played _____
- **Greenwood Panthers** Years played _____
- **Other:** _____ Years played _____

Will a Need-based Form accompany this application:

- Yes _____ No _____

Please list in order of preference the top three institutions to which you have applied:

1. _____

Accepted _____ Awaiting notification _____

2. _____

Accepted _____ Awaiting notification _____

3. _____

Accepted _____ Awaiting notification _____

This application must include a signature from your High School Guidance Counselor, Athletic Director or Principal.

Guidance Counselor/Athletic Director/Principal Name (Printed):

_____ Title: _____

Signature of Guidance Counselor/Athletic Director/Principal:

_____ Date: _____

Email: _____ Phone number: _____

Applicant Name (Printed): _____

Applicant Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Parent/Guardian Email: _____