The PlayMaker Action Sports Medicine Scholarship is designed to provide financial assistance for High School graduates who are legal residents of Texas and are in need of financial aid in order to pursue post high school education. You need not be planning to attend a college or university as the scholarship is also open to those who will be attending a technical/trade school, commercial college, community/junior college or the like.

The minimum requirements that must be met in order to be eligible to receive one of the scholarships are as follows:

1. Graduating from high school in May of the current year or currently enrolled in a college or university as an underclassman;
2. Accepted for enrollment and will be attending a college or university, a technical/trade school, commercial college, community/junior college or the like in the upcoming Fall semester/quarter; and
3. Not be a member, or planning to be a member, of an athletic team that competes in university or college sanctioned events, other than club events, either through an athletic scholarship or by walk-on.*

*NOTICE: Because of National Collegiate Athletic Association (NCAA) regulations, the Scholarship Committee has determined that it cannot award its scholarships to any student that becomes a member of one of the University's sports teams that competes in NCAA sanctioned events.

The applicant must submit the following items to the Scholarship Committee in order for his or her application to be considered:

1. Completed application form. Please note that failing to fill out any part of the application form may result in the application being eliminated from further consideration by the Committee;
2. Official transcript of high school record;
3. Three letters of recommendation. The committee prefers the letters be written from two of the following categories:
   - high school principal, counselor, or teacher;
   - employer for whom you have worked or are working;
   - individual who is not related to you, has known you for at least 2 years, and who can attest to your character.

The application form, transcript, and letters of recommendation are to be assembled together and submitted in one envelope to PlayMaker Action Sports Medicine Scholarship Committee, Post Office Box 381, Hamlin, Texas 79520. Applications are due on April 15, 2017.
APPLICATIONS MUST BE SUBMITTED BY
April 15, 2017

PLAYMAKER ACTION SPORTS MEDICINE SCHOLARSHIP
2017 SCHOLARSHIP APPLICATION

NAME ____________________________ TELEPHONE NO. _____________________

ADDRESS ________________________________________________________________

Are you a legal resident of the State of Texas?  YES  NO

EDUCATION

Do you attend High School?  ____ YES  ____ NO  If so, where? ______________________

Graduation Date: ___________  Class Rank: ___________  Class Size: ___________

TEST SCORES (if applicable)

SAT Scores:  Math ___________  Verbal ___________  Combined __________

ACT Scores:  Math ___________  English ___________  Composite __________

ACTIVITIES, HONORS, AND AWARDS

List extra-curricular activities in which you participated while in high school.  Note any special recognition received or offices held (attach additional sheets if necessary):  __________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Describe any special recognition that you received for excellence in high school work such as honors, prizes, or awards (attach additional sheets if necessary):  ______________________________________________________________________
______________________________________________________________________________________

INFORMATION ABOUT YOUR HOUSEHOLD

<table>
<thead>
<tr>
<th>Father or Guardian</th>
<th>Mother or Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td>Annual Income</td>
<td></td>
</tr>
</tbody>
</table>

Names and ages of other children in the household (if in a post high school educational institution, please note):
______________________________________________________________________________________
______________________________________________________________________________________

PlayMaker Action Sports Medicine Scholarship Application
Page 2 of 4
EMPLOYMENT RECORD

<table>
<thead>
<tr>
<th>Company Name / Address</th>
<th>Supervisor's Name</th>
<th>Date Started/Left</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _____________________</td>
<td>________________________________________________________________________________</td>
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<td>2. ________________________________________________________________________________</td>
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<td>3. ________________________________________________________________________________</td>
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<td>3. ________________________________________________________________________________</td>
<td>3. ________________________________________________________________________________</td>
</tr>
</tbody>
</table>

HOW DO YOU PLAN TO FINANCE YOUR COLLEGE EDUCATION?

State what percentage of total college expenses you expect to earn through employment while attending college, what percentage your parents will furnish, and what percentage you will finance through financial aid or scholarships:
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Have you been awarded any other scholarships? If so, please identify the scholarship, the amount awarded, and the length of time the scholarship will continue: _______________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

ADDITIONAL INFORMATION

Have you been accepted for enrollment at a college or university, a technical/trade school, commercial college, community/junior college or the like? If so, list the name and location _____________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Have you notified the institution listed above that you plan to attend that institution in the Fall? ____________________

What major field of study do you plan to pursue? ________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Briefly describe your career plans upon receipt of your degree (attach additional sheets if necessary):
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Why did you choose this institution over others? ________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Is there any additional information that you would like for the Committee to consider?
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
CERTIFICATION OF APPLICANT

I hereby authorize the PlayMaker Action Sports Medicine Scholarship Committee to verify all facts contained in my application for this scholarship. I authorize my present and past employers, and other references, to give any and all information concerning my employment, my character, my academic performance, and any other pertinent information that they may have, personal or otherwise, and release those parties and the PlayMaker Action Sports Medicine Scholarship Committee from all liabilities for any damages which may result from the furnishing of that information.

If awarded a scholarship by the PlayMaker Action Sports Medicine Scholarship Committee, I understand that I will receive the scholarship one (1) time and the scholarship disbursement may be made in two (2) payments. The first payment will be made during the Fall Semester/Quarter of the current year and the second payment may be made during the Spring Semester/Quarter of the following year. The payments will only be made provided I meet the following requirements: 1) Graduated from High School in May of the current year; 2) enrolled and attend a college or university, a technical/trade school, commercial college, community/junior college or the like in the Fall semester/quarter of the current year and in the Spring semester/quarter of the following year; and 3) A copy of my tuition statement has been sent to the PlayMaker Action Sports Medicine Scholarship Committee at P.O. Box 381; Hamlin, Texas 79520 prior to the Fall semester/quarter of the current year and prior to the Spring semester/quarter of the following year. I understand that if I fail to meet any one of these requirements, I will not be eligible to receive the scholarship disbursements. I also understand that decisions regarding the eligibility to receive a scholarship are the sole decisions of the PlayMaker Action Sports Medicine Scholarship Committee, and their decisions are final and by my signature below, I agree to accept and abide by those decisions.

I certify that the facts listed in my application for this scholarship are true and correct to the best of my knowledge, and I understand that any false information, misrepresentation, or omission of facts shall be cause for rejection of this application.

Signature of Applicant: ______________________ Printed Name: ______________________ Date: __________