Andrew J. Oswald
Memorial Scholarship Program
Scholarship Application Rules and Guidelines

Background
Andrew Oswald (#4) was a lacrosse standout for Pope High School from 2002-2004. In his senior season, he was honored as the team’s Most Valuable Offensive Player. Lacrosse was his passion.

Andrew died in July 2005 due to injuries sustained in a car accident. The Andrew J. Oswald Memorial Scholarship Program seeks to honor Andrew’s memory by promoting teen safety initiatives, encouraging responsible choices by teens, supporting the growth of the game of lacrosse in Georgia, as well as the academic endeavors of those who love the game and plan to play lacrosse in college.

A $1000 per year scholarship will be awarded to Georgia High School lacrosse player (boy or girl) who will play lacrosse in college. The scholarship is renewable for 3 additional years, provided the student continues to play lacrosse each year.

The scholarship was first awarded in 2006.

Rules and Guidelines

Applications will be considered on the following merits:

- Making Good Choices: Part of the mission of the Andrew Oswald Memorial Fund involves the encouragement of responsible choices by teens. When faced with a difficult challenge, how have you made a good choice or helped others make a good choice and what impact did it have?
- Contributions to lacrosse, your team, your school and/or your community: How have you specifically made a positive impact in one of the aforementioned areas?
- Two letters of recommendation: One letter will be from a teacher, guidance counselor, work supervisor or other adult who knows you well. The other letter will be from your lacrosse coach (or another coach).
- Complete Application Submitted on Time: Please review carefully and ensure complete, including appropriate signatures, and ensure application arrives by the due date.
- Confirmation of college lacrosse plans: To be eligible for this scholarship, you must play lacrosse in college.

Applications will be evaluated by an impartial panel made up of at least 3 scholarship advisory board members. Winner will be advised of the award by phone and email.

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**Application Deadline April 9, 2018**
Type or Print all Information Except Signatures

**Applicant Data**

LastName_______________________ First___________________ Middle____

Address:________________________________________

________________________________________

________________________________________

Phone:________________________________________

Email Address:__________________________________

Parents’ Names:__________________________________

Date of Birth: ________________ Age as of 4/9/18: ______

Male/Female ________________________________

**High School Data**

Name of High School:__________________________________

Years of Attendance (circle): 9 10 11 12

Years Played Lacrosse (circle): 9 10 11 12
(If your school did not have a team for all four years, please indicate year High School team started):__________________________________

Circle the number of years you have played lacrosse at each level:

Varsity: 1 2 3 4  JV 1 2 3  Youth League______

Class of 2018? Yes/No (Circle)
College/University Data

Please indicate the name of the university or college you plan to attend and play lacrosse. Use official school names. Do not use abbreviations.

City________________________________________State_______

____ 4 year College or University

____ 2 year Community or Junior College

____ Other (explain)________________________________________

Work Experience/Activities/Awards/Honors

Please answer all that apply. If additional space is needed, please use an additional piece of paper (indicating your name).

Work Experience:

Employer/Position                  Dates (From – To)      Hours/week

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________
Activities/Awards/Honors: List all school/community activities in which you have participated during the past 4 years (e.g. sports, student government, music, Boy/Girl Scouts, volunteer, Special Olympics, Habitat for Humanity, etc.). Note all special awards, honors and offices held.

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<th>Special Awards/Honors</th>
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Additional Questions

Please answer the following questions. You may type or write your answers and they may be included on a separate sheet of paper, if desired. Please staple or attach all additional pages and letters of recommendation to the application and include your name on each sheet.

1. Young people are often faced with difficult choices. Please describe a time when you were faced with a difficult challenge and made a good choice or helped others make a good choice. What impact did it have?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
2. What has been your most significant contribution to the sport of lacrosse, your team, your school and/or your community? Please be specific and describe the impact your contribution has had.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Attach 2 letters of recommendation. One letter should be from a teacher, guidance counselor or other adult who knows you well (such as a leader of another community activity, employer, etc. May NOT be a family member). The other letter should be from your lacrosse coach (if not possible, then another coach). Applications will not be accepted without a completed, signed application, transcript and both letters of recommendation.

Transcript Information

Include a high school transcript of grades and have the section completed by the appropriate school official.

Applicant ranks ________ in a class of __________

Cumulative GPA ___________________________ /4.0 scale

SAT Score: __________ (Reading) _______ (Math) __________ (Writing)

ACT Score: __________________________________________

School Official’s Signature: __________________________________________

Title: __________________________ Date: __________

Phone Number: __________________________

Address: __________________________________________

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Application Checklist
The student is responsible for submitting all materials completely and on time. Incomplete applications will be delayed until all materials are provided. Please carefully follow all directions and ensure application is complete. This application becomes complete and will be evaluated only when the following are received:

____ Application Form
____ Current Complete Transcript of Grades
____ 2 Letters of Recommendation

All materials must be mailed or delivered to the following address on or before the deadline:

Andrew J. Oswald Memorial Scholarship Program
2702 Long Lake Terrace
Roswell, GA  30075
Questions may be addressed to: the_oswalds@ajo4lax.com
Or 678.777.3041

Certification:

By signing and submitting this application, I am agreeing to the conditions stated on the Scholarship Application Rules and Guidelines. I attest that I completed this application and the information provided is truthful. I understand that I can be disqualified if I do not submit a truthful application that was completed by me.

_________________________________________   __________________________________________
Student Signature and Date                   Parent Signature and Date

Application Deadline is April 9, 2018