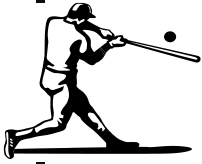


# CUPSAW LAKE ATHLETIC ASSOCIATION INC.

P.O Box 102  
Ringwood, N.J. 07456

December 1, 2018



Dear Parent or Guardian,



The enclosed application is important to your high school senior. "Application Criteria and Guidelines" and the three forms serve to determine eligibility for this annual Cupsaw Lake Athletic Association scholarship award.

The applicants are rated on merit, leadership, participation in extra-curricular activities in school and the community, and working experience.



After completing this application, please mail:

- \* PART I to the address listed at the end of that part of the application
- \* PART II is to be mailed by a school official to the address on that form.

**DO NOT MAIL ANY FORMS to the CLAA PO BOX 102.**

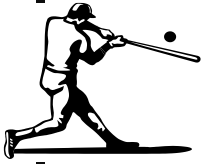
The award Selection Committee of the Scholarship Fund selects the recipients from a list, presented by the arbiters in coded form, which shows no names or means of student identification.

The Scholarship Committee urges you to apply early.

**Please mail PARTS I & II of the application by April 22, 2019.**

Very truly yours,  
CUPSAW LAKE ATHLETIC ASSOCIATION  
SCHOLARSHIP COMMITTEE

# CUPSAW LAKE ATHLETIC ASSOCIATION INC.

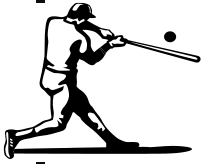


## Applicant Criteria and Guidelines

### 2019 Application for the CUPSAW LAKE ATHLETIC ASSOCIATION Scholarship and David Diamantopoulos Civic Recognition Award

- I. **To apply**, a student shall either be in the senior class or a graduate of high school, actively pursuing a full program in an accredited college, business, or trade school above secondary level. (First priority will be given to the high school senior) The student must be a dependent of a Cupsaw Lake Improvement Association member in good standing.
  
- II. **APPLICATION FORMS** shall be available from any Athletic Association Board member or by emailing a request to [MensAA@Cupsawlake.org](mailto:MensAA@Cupsawlake.org) . Parents of seniors will be notified through the CLIA Bulletin on the availability of the Scholarship Application Forms. Notices are also sent to neighboring school guidance counselors.
  
- III. **SCHOLARSHIP AWARDS** shall aim to financially assist students accepted for education beyond high school. The awards shall not be limited to a student's ranking in their class.
  
- IV. **CRITERIA FOR SELECTION** shall involve:
  - (a) School evaluation.
  - (b) Interests, Activities, Leadership
  - (c) Involved in volunteering and community service.
  - (d) Evaluations are established in relation only to other scholarship applicants.
  
- V. **DETERMINATION of SCHOLARSHIP AWARDS** by the Cupsaw Lake Athletic associations shall involve the following;
  - (a) The Athletic Association Board of Directors, which approves the total awards amount and selects the Scholarship Committee.
  - (b) A Scholarship Committee to operate the scholarship program.
  - (c) An Awards Selection Committee will consist of anonymous residents with no qualified high school seniors in their family and who are not related to a qualified high school senior.
  - (d) A neutral arbiter selected by the scholarship committee.

Continued on the next page.....



## Applicant Criteria and Guidelines (continue)



VI. **CONDITIONS IN AWARDING THE SCHOLARSHIP** shall be based on the following:

(a) Any student may apply before notification of acceptance to a school beyond high school. However, only those students enrolled and accepted in an institution of a higher learning will be considered eligible for scholarship.

(b) PART I of the application shall be mailed to the arbiter who will assign a code number for applicant. The arbiter will evaluate the form and apply a factor for each of the criteria previously listed. The coded evaluation will be formulated in a report for the Awards Selection Committee after receipt of PART II from the school.

(c) The Award Selection Committee shall review the arbiter's report containing only numbered code evaluations and make decisions based only on data supplied.

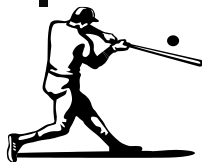
(d) The coded scholarship winner(s) shall be given to the arbiter who will provide the name(s) of the recipient for each code and provide them to the Selection Committee.

(e) All paper work and forms relative to the awards are destroyed after the award selection. The coded report record with only the names of the winners will remain with the scholarship file and kept confidential.



# CUPSAW LAKE ATHLETIC ASSOCIATION INC.

2019 Application for the  
CUPSAW LAKE ATHLETIC ASSOCIATION  
Scholarship and  
David Diamantopoulos Civic Recognition Award



FOR ARBITER USE ONLY

CODE No. \_\_\_\_\_

## PART I PLEASE ANSWER ALL QUESTIONS

PLEASE SUBMIT BY APRIL 22, 2019

DATE: \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_

2. Present Address \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

4. Name of Parent or Guardian \_\_\_\_\_

5. Date of Graduation \_\_\_\_\_

6. Schools you seek to enter

	Accepted	Rejected	Pending
--	----------	----------	---------

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

7. State your career goal, vocation, or college major

\_\_\_\_\_

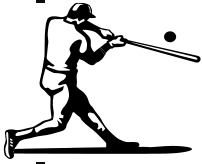
8. Have you applied for any other scholarships or grants? If so, please list

Source	Amount	awarded to you?
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Continue on next page .....

# CUPSAW LAKE ATHLETIC ASSOCIATION INC.

## 2019 Application for the CUPSAW LAKE ATHLETIC ASSOCIATION Scholarship and David Diamantopoulos Civic Recognition Award



### PART I - continued

9. List volunteer and community service in which you have been involved with  
Sophomore Year

_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____

Junior Year

_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____

Senior Year

_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____
_____	Number of Times a Year _____ Avg
_____	Hours _____

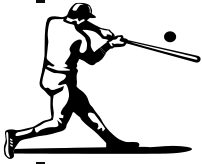
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FOR ARBITER USE ONLY

CODE No. \_\_\_\_\_

# CUPSAW LAKE ATHLETIC ASSOCIATION INC.

## 2019 Application for the CUPSAW LAKE ATHLETIC ASSOCIATION Scholarship and David Diamantopoulos Civic Recognition Award



### PART I - continued

10. List all school extracurricular non sport activities in which you have participated and the year(s) (sophomore, junior, senior) involved

_____	Avg. Hours/week	_____
_____	Avg. Hours/week	_____
_____	Avg. Hours/week	_____

11. List all school sport activities in which you have participated and the year(s) (sophomore, junior, senior) involved

_____	Avg. Hours/week	_____
_____	Avg. Hours/week	_____
_____	Avg. Hours/week	_____

12. List all offices held in the activities listed in questions 9, 10, and 11.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List all your employers, starting with the most recent

\_\_\_\_\_  
\_\_\_\_\_

14. Are you employed after school? \_\_\_\_\_ Avg. hours/week? \_\_\_\_\_

\*\*\*\*\*

The information given in this application I affirm to be true and complete. I have read "Applicant Criteria and Guidelines" entirely and hereby accept and agree to these rules.

I hereby consent to the filing of this application and accept the "Applicant Criteria and Guidelines" of which I have received a copy.

Applicant's  
Signature \_\_\_\_\_

Parent or Guardian's  
Signature \_\_\_\_\_

MAIL COMPLETED PART TO:	CLAA SCHLOARSHIP c/o Dr Harsh Shah, DDS Ringwood Commons 55 Skyline Drive Ringwood , NJ. 07456
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# CUPSAW LAKE ATHLETIC ASSOCIATION INC.

2019 Application for the  
CUPSAW LAKE ATHLETIC ASSOCIATION  
Scholarship and  
David Diamantopoulos Civic Recognition Award

## TO BE COMPLETED BY SCHOOL OFFICIAL

### PART II

SCHOOL OFFICIAL

PLEASE MAIL THIS FORM TO THE FOLLOWING ADDRESS BEFORE APRIL 22, 2019

CLAA SCHLOARSHIP  
c/o Dr Harsh Shah, DDS  
Ringwood Commons  
55 Skyline Drive  
Ringwood , NJ. 07456

Name of Student \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Principal \_\_\_\_\_

Name of Counselor \_\_\_\_\_

Student Cumulative Average \_\_\_\_\_

Rank in Class (Number from top / Number in Class) \_\_\_\_\_

The above information furnished by \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

Affix  
School Seal  
Here

