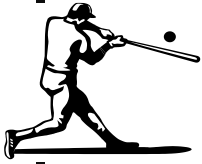


CUPSAW LAKE ATHLETIC ASSOCIATION INC.

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

February 1, 2021



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.

PLEASE DO NOT MAIL ANY FORMS TO THE CLAA PO BOX 102

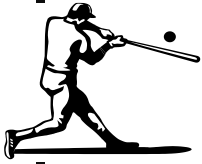
The award Selection Committee of the Scholarship Fund selects the recipients from a list, presented by the arbiters in coded form, which shows no names or means of student identification.

The Scholarship Committee urges you to apply early.

**PLEASE MAIL PART I OF THE APPLICATION BY FRIDAY, APRIL 23, 2021.
PART II WILL BE MAILED BY A SCHOOL OFFICAL.**

Thank you,
CUPSAW LAKE ATHLETIC ASSOCIATION
SCHOLARSHIP COMMITTEE

CUPSAW LAKE ATHLETIC ASSOCIATION INC.



Applicant Criteria and Guidelines

2021 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 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 Association, shall involve the following:
 - (a) The Athletic Association Board of Directors, 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 Association members who have 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.....

CUPSAW LAKE ATHLETIC ASSOCIATION INC.



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 who have been accepted or enrolled into an institution of higher learning will be considered eligible for a scholarship award.

(b) PART I of the application shall be mailed to the arbiter who will assign a code number for the 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.

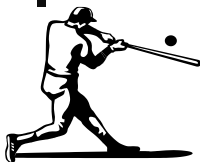
(d) The coded scholarship winner(s) shall be given to the arbiter who will provide the name(s) of the recipient for each code and provide them to the Selection Committee.

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



CUPSAW LAKE ATHLETIC ASSOCIATION INC.

2021 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 23, 2021

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	Pending	Enrolled
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a. _____

b. _____

c. _____

d. _____

e. _____

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

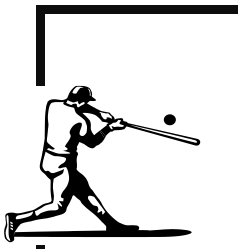
8. Have you applied for any other scholarships or grants? If so, please list

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

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CUPSAW LAKE ATHLETIC ASSOCIATION INC.

2021 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 _____

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 _____

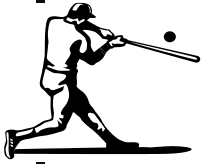
Senior Year

_____	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 _____

Continue on next page

CUPSAW LAKE ATHLETIC ASSOCIATION INC.

2021 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, if any, in the activities listed in questions 9, 10, and 11.

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

14. Are you currently employed after school? _____ Avg. hours/week? _____

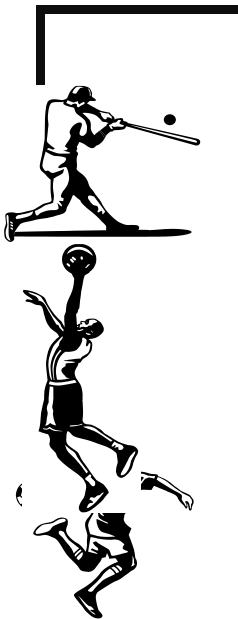
The information given in this application I affirm to be true and complete. I have read "Applicant Criteria and Guidelines" entirely and hereby accept and agree to these rules.

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 1 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.

2021 Application for the
CUPSAW LAKE ATHLETIC ASSOCIATION
Scholarship and
David Diamantopoulos Civic Recognition Award

TO BE COMPLETED AND MAILED BY A SCHOOL OFFICIAL

PART II

PLEASE HAVE THIS FORM MAILED PRIOR TO THE DEADLINE OF APRIL 23, 2021.

Mail To:

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/Administrator _____

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