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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:

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

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: \_\_\_\_\_

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Applicant Name (Printed): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_