



KEYPORT INDIANS, INC
P.O. BOX 838
KEYPORT, NJ 07735

WWW.KEYPORTINDIANS.ORG
1-888-315-7678 (PORT)

ACHIEVEMENT AWARD APPLICATION

1. Applicant must be a permanent resident of Keyport or Union Beach at the time of graduation.
2. Applicant must be a high school senior and intends to continue his or her education at a college, university or technical school.
3. Achievement Award will only be remitted upon receipt of attendance at College, University or Technical School.
4. Applicant must have been registered and an ACTIVE participant in AYF/C (i.e. Football, Cheerleading, etc., for at least one full year).
5. Applicant must have a minimum of two (2) years volunteer work in AYF/C
6. Applicant must have a GPA of 70 or better
7. Applicant must submit two (2) letters of personal references (Please Do NOT Use family members as the references).
8. Achievement Award Application must be signed by a parent/guardian, Guidance Counselor, Corporate Member and Student by the application deadline for that year.
9. Applicant must complete the attached Achievement Award Application in its entirety.
10. Keyport Indians, Inc. reserves the right to modify/waive criteria if deemed appropriate and/or special circumstances.



KEYPORT INDIANS, INC ACHIEVEMENT AWARD APPLICATION



PART 1 - PERSONAL INFORMATION

<u>NAME:</u>	<u>AGE:</u>	<u>BIRTHDATE</u>	<u>SOCIAL SECURITY NUMBER</u>
<u>HOME ADDRESS</u>	<u>CITY (MUNICIPALITY)</u>		<u>ZIP CODE</u>
<u>TELEPHONE / CELL PHONE</u>	<u>EMAIL ADDRESS</u>		

PART 2 - PRELIMINARY SCHOOL INFORMATION

<u>NAME OF CURRENT HIGH SCHOOL</u>	<u>GRADUATION YEAR</u>	<u>OVERALL GPA</u>
<u>SCHOOL ADDRESS</u>	<u>CITY (MUNICIPALITY)</u>	<u>ZIP CODE</u>
<u>TELEPHONE NUMBER</u>	<u>GUIDANCE CONSELOR</u>	

NAME OF COLLEGE / UNIVERSITY / TECHNICAL SCHOOL YOU PLAN TO ATTEND

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PART 3 - AMERICAN YOUTH FOOTBALL / CHEER - VERIFICATION -

<u>NAME (S) OF ORGANIZATION THAT YOU PARTICIPATED IN PRIOR TO HIGH SCHOOL</u>	<u>AMOUNT OF YEARS YOU PLAYED FOOTBALL</u>	<u>AMOUNT OF YEARS YOU WERE A CHEERLEADER</u>
<u>DID YOU CONTINUE TO PARTICIPATE IN AYF/C WHILE IN HIGH SCHOOL AS A VOLUNTEER?</u>	<u>NUMBER OF YEARS AS A VOLUNTEER</u>	<u>NUMBER OF HOURS WORKED PER WEEK</u>

***** VERY IMPORTANT *******

YOU MUST OBTAIN THE VERIFICATION FROM A CURRENT MEMBER OF THE KEYPORT INDIANS. IF YOU NEED ASSISTANCE PLEASE CONTACT THE SCHOLASTICS CHAIRPERSON OR ERINN HOGREFE AT (732) 803-6959

I HEREBY CERTIFY THE INFORMATION GIVEN REGARDING ANY AMERICAN YOUTH FOOTBALL/CHEER INVOLVEMENT, TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IN ACCORDANCE WITH FRANCHISE RECORDS. **KEYPORT INDIANS CORPORATE MEMBER**

SIGNATURE:
PRINT NAME:
TITLE:

PART 5 - ESSAY (PLEASE TYPE)

Each applicant MUST submit a 150 - 250 word essay on the topic:

"WHAT IMPACT DID KEYPORT INDIANS HAVE ON MY LIFE"

You may start your essay here and if necessary use a separate sheet of paper and attach it to the application -

PART 6 - SIGNATURES & DISCLOSURES

APPLICANTS, PARENTS AND SCHOOL OFFICIAL MUST READ AND SIGN.

By way of subscribing our signatures below, we hereby certify, individually and collectively that all of the information contained in this application is true, correct and complete in all its particulars to the best of our knowledge and belief. We understand that this application is filed jointly by all signatories. We agree to give proof of the information provided on this application and realize that if said proofs are not provided that the applicant (student) can be denied any achievement funding. I also understand that The Keyport Indians, Inc. reserve the right to modify and or waive the criteria if deemed appropriate and/or special circumstances. I further understand that the decision solely belongs to the Keyport Indians Inc. and that all decisions are final. Finally, I the applicant agree to return all money received if I do not attend College, University or Technical School.

DATE: _____

Signature of Student / Applicant

DATE: _____

Signature of High School Official

DATE: _____

Signature of Parent / Guardian

** Any Questions Please Contact The Scholastic Chairperson at Keyport Indians or Erinn Hogrefe (732) 803-6959

PLEASE MAIL COMPLETED APPLICATION TO:

KEYPORT INDIANS, INC

P.O. BOX 838

KEYPORT, NJ 07735

DEADLINE IS: APRIL 30, 2017