

# **SJ REDWING ATHLETIC BOOSTERS STUDENT ATHLETE SCHOLARSHIP**

## **CRITERIA FOR SCHOLARSHIP**

To qualify for this scholarship, you must meet all of the following criteria:

1. Participation in and completion of a St. Johns High School athletic activity for each school year enrolled at St. Johns High School.
2. A cumulative grade point average of 3.0 or above.
3. Involvement in a minimum of 5 hours of volunteer community service a group, organization or individual during the student's senior year (see attachment for details and limitations)
4. One to two paragraph essay discussing how previous volunteer experience has shaped you into the student you are now, and how you feel this will benefit you in the future.
5. Conduct which exemplifies good sportsmanship and good behavior during the course of high school. Misconduct in the school, at a sports venue, or in the community as deemed significant by St. Johns High School administration will disqualify a student from scholarship consideration.
6. Proof of enrollment in an accredited program of undergraduate study (to be provided prior to distribution of funds).

The criteria above will be considered by the Redwing Athletic Booster Board and SJHS Administration in the awarding of scholarships.

Recipients will be recognized at the Senior Awards Night. Scholarships will be up to \$500.

Checks will be issued upon receipt of verification of enrollment in an accredited program of undergraduate study (copy of class schedule or copy of billing statement for fall semester 2026).

**Submit the APPLICATION FORM, VERIFICATION OF COMMUNITY SERVICE FORM(S) AND ESSAY by Friday, April 24, 2026 to:**

- St. Johns High School Main Office

OR

- EMAIL TO: [sjredwingathleticboosters@gmail.com](mailto:sjredwingathleticboosters@gmail.com)

**APPLICATIONS MUST BE SUBMITTED BY APRIL 24, 2026**

(Awards will be based on the availability of funds)

**SJ REDWING ATHLETIC BOOSTERS STUDENT ATHLETE SCHOLARSHIP**

**APPLICATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GPA: \_\_\_\_\_

Please list all sports you have participated in during high school and circle the years of participation (freshman, sophomore, junior, senior):

<b>Sport(s)</b>	<b>Years of Participation</b>			
	FRESH	SOPH	JUNIOR	SENIOR
	FRESH	SOPH	JUNIOR	SENIOR
	FRESH	SOPH	JUNIOR	SENIOR
	FRESH	SOPH	JUNIOR	SENIOR
	FRESH	SOPH	JUNIOR	SENIOR
	FRESH	SOPH	JUNIOR	SENIOR

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# SJ REDWING ATHLETIC BOOSTERS' STUDENT ATHLETE SCHOLARSHIP

## COMMUNITY SERVICE COMPONENT

To be eligible for consideration to receive a Redwing Athletic Boosters Student Athlete Scholarship, you must participate in a minimum of 5 hours of volunteer (nonpaid) community service **DURING YOUR SENIOR YEAR (including the summer before your senior year)**. You cannot use community service hours that have been completed for a school-sponsored group (such as National Honors Society (NHS), GoodWins, Southern Sudan Healthcare Organization (SSHCO), Youth Action Committee (YAC), athletic team, etc.) toward the hours required for this scholarship. There may be exceptions made by the Boosters for events that don't also apply the volunteer hours towards those groups.

Simply stated, you must complete a **minimum** of 5 hours of volunteer work for a group, organization, or individual in need of such assistance that is **above and beyond** the volunteer work organized by school-sponsored groups, teachers, or coaches.

All 5 hours do not have to be on the same day or with the same group, organization, or individual. They can be a combination of times and groups as long as they total at least 5 hours of community service. The volunteer hours must be completed **prior to** the submission of the scholarship application.

We encourage you to contact non-profit organizations in your search for a volunteer work placement. Examples and non-examples of qualifying volunteer experiences include, but are not limited to:

<b>Examples of qualifying volunteer hours</b>	<b>NON-Examples of qualifying volunteer hours</b>
<ul style="list-style-type: none"><li>• Food banks</li><li>• Church organizations</li><li>• Domestic violence or other victim assistance groups</li><li>• Salvation Army, St. Vincent DePaul, or other organizations which assist the needy</li><li>• Hospital, nursing home, or hospice care</li><li>• Community sponsored sports programs</li><li>• 4-H activities outside of specific club requirements</li><li>• SJ Athletic Booster events outside of concessions</li></ul>	<ul style="list-style-type: none"><li>• Special Olympics events if organized by SJHS sports coach/team</li><li>• 4-H activities that are part of typical club work, such as set up and working food booths</li><li>• Hours dictated by court or secretary of state</li><li>• Working concessions</li><li>• Any event organized through GoodWins, NHS, YAC, or SSHCO</li><li>• Mint City Races organized by sports team</li><li>• SJHS Dance Team Princess Tea Party</li></ul>

**QUESTIONS REGARDING COMMUNITY SERVICE HOURS MAY BE DIRECTED TO SJHS ATHLETIC BOOSTERS VIA EMAIL AT [sjredwingathleticboosters@gmail.com](mailto:sjredwingathleticboosters@gmail.com)**

Please complete and return the attached community service verification form(s) with your application form. If you have more than one community service experience, please use one form for each experience (i.e. volunteered at hospital and a mission trip would need two forms). Thank-you!

# **SJ REDWING ATHLETIC BOOSTERS' STUDENT ATHLETE SCHOLARSHIP**

## **VERIFICATION OF COMMUNITY SERVICE FORM**

(Use a separate form for each community service experience)

Student Name: \_\_\_\_\_

Organization or individual for which community service was provided: \_\_\_\_\_

\_\_\_\_\_

Number of volunteer hours that were completed: \_\_\_\_\_

Dates of volunteer hours: \_\_\_\_\_

Activities that this student engaged in during community service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that this student completed the number of hours of volunteer work for our organization as indicated above on the indicated dates.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position/Title within Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

TO BE COMPLETED BY REDWING ATHLETIC BOOSTERS:

☐ Approved

☐ Denied

Verified by RAB \_\_\_\_\_  
RAB Signature

\_\_\_\_\_  
Date