



# Muskego Athletic Association

## HARRY UDVARE SCHOLARSHIP

Seniors students graduating this current school year who are attending high school in the Muskego/Norway School District or live within the Muskego/Norway School District and attend a private high school (i.e.: Catholic Memorial, Pius XI, Martin Luther, Wisconsin Lutheran, Marquette University High School, etc.) are eligible.

\$1000 Non Renewable Scholarship for a male and female student

### Deadline – First Monday In April

### APPLICATION FORM

#### Application requirements

- Application with essay
- Two letters of recommendation
- Official high school transcripts

#### Selection Criteria includes:

- Academic qualifications
- MAA participation
- Career goals
- Financial needs

1. Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

2. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. High school from which you will graduate:

Date of Graduation \_\_\_\_\_ GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ of \_\_\_\_\_

4. What school do you plan to attend? \_\_\_\_\_

What schools have you applied to and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. MAA Participation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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6. Extracurricular Activities (sports, clubs, committees, school, etc.) you have participated in during your high school years. Any other volunteer activities in the community you have given time to. List activities, position held and dates.

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7. Honors and Awards: List two of the most significant honors and awards you have received. On a separate sheet, list additional honors and awards.

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8. Employment: List two of your most significant paid employment positions. On a separate sheet, list other paid employment positions.

Job Title	Employer	Hours per week	From (mo/yr) to (mo/yr)
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9. Essay: On a separate sheet of paper, type or print a 200 - 300 word essay describing why you should be awarded this scholarship. Please include your career goals, need for financial assistance, where you plan on attending school, what you plan to study and MAA participation.



I hereby authorize my high school to release to the Muskego Athletic Association Scholarship Committee a transcript of my high school records. I also certify that all information provided on this application and in support of is true and correct.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Completion of all sections, essay and signatures are required for consideration of application.  
Please explain any blank section.**

**Applicants may be requested to attend a Muskego Athletic Association meeting.**

**Return completed application to:  
Muskego Athletic Association • Attention: Scholarship Committee • PO Box 102 • Muskego, WI, 53150**