

AMERICAN FIELD HOCKEY FOUNDATION SCHOLARSHIP QUESTIONNAIRE

A. PERSONAL INFORMATION:

Last Name	First Name	Nickname			
Address					
Home Phone	Cell Phone	Email			
Date of Birth:	High School	Graduation Year			
PSAT/SAT Scores	Verbal	Math	Writing	ACT Score	GPA/Class Rank

B. ATHLETIC INFORMATION

of years played _____ Primary Position _____

Pertinent Statistics _____

Field Hockey Experience (i.e. camps, clinics, etc.) – when, where, coached by whom:

C. GENERAL INFORMATION

1. What are your goals in field hockey, and what would you like to get out of the experience?

2. Do you want to continue to play field hockey in college and, if so, what have you done to attain that goal?

3. What other extracurricular activities/hobbies do you take part in?

4. What are your strengths?

5. Identify two areas/skills you believe you need to improve relative to field hockey?

6. Identify two areas/skills you need to improve in academically or in everyday life.

7. How have you demonstrated your commitment to the sport of field hockey and to your high school or club team?

8. Besides your athletic talents, what other things can you contribute to a team?

9. Please feel free to share with us any information that will give us a greater understanding of who you are:

D. REFERENCES

Please supply two references using the attached form. One reference should be from an athletic coach; one reference should be from a school guidance counselor or teacher.

The information in this application is true to the best of my knowledge and belief.

Name: _____ Date: _____

Complete and Return to:

American Field Hockey Foundation
Box 126
Milltown, NJ 08850

**AMERICAN FIELD HOCKEY FOUNDATION
SCHOLARSHIP RECOMMENDATION FORM**

Information (to be completed by applicant): Please print or type.

Full Name: _____
Last, First ,Middle

Evaluation Form (to be completed by the individual providing the recommendation): Evaluator should be administrator/guidance counselor/teacher/coach – please no relatives.

Complete this form rating the student by circling the appropriate level of performance (with 1 being no knowledge and 5 outstanding).

Self Motivation 1 2 3 4 5

Commitment 1 2 3 4 5

Responsibility 1 2 3 4 5

Leadership 1 2 3 4 5

Judgment 1 2 3 4 5

Creativity 1 2 3 4 5

Additional comments:

Evaluator's Name: _____

Evaluator's Signature: _____ Date: _____

Position: School/Organization: _____

Address: _____
Street Address City State Zip Code

Return completed application to:

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Milltown, NJ 08850