

**COMMONWEALTH OF VIRGINIA RACQUETBALL ASSOCIATION**  
**SCHOLARSHIP** **APPLICATION**



The Commonwealth of Virginia Racquetball Association has established a college scholarship program to assist students. The program is directed toward those who have successfully completed at least 24 credit hours of post high school study and who have demonstrated an ongoing interest in the sport of racquetball.

**I. ELIGIBILITY**

Women and men are invited to apply. The applicant must be a full time student in an accredited post secondary school in the Commonwealth of Virginia. The student must carry a 2.5 grade point average or better at the time of application. The applicant must be a member of USAR and have been active in sanctioned tournament play in the last twelve months.

**II. SCHOLARSHIP**

The award will be \$500. The amount may be used at the discretion of the recipient. Documentation of grades is required. The award is intended to be a one-time award per applicant.

**III. SELECTION PROCESS**

IV. Applications and supporting forms must be received by midnight November 1 of the calendar year. The application packet should include, but is not limited to: candidate identification, contact information, transcript, USAR member number, a brief statement of their racquetball playing history, what they believe they can contribute to the sport in the future, and how this scholarship will be beneficial to them. The scholarship committee, appointed by the CVRA Board President, will review all application packets that are complete and submitted by deadline. The committee review will be complete by November 31. The committee will submit their recommendation(s) to the CVRA board of directors for approval. The recipient will be announced at the State Doubles Championship event and a check will be mailed by January 31.

**V. MODIFYING OF POLICY AND PROCESS**

Modification of the scholarship policy will be the responsibility of the scholarship committee. Their suggestions for change and improvement should be submitted to the CVRA Board of Directors. The committee must review the policy for possible improvement at least annually.

**The current CVRA Board of Directors provided the initial funds for this scholarship. The continued funding will come from donations provided by fundraisers approved by the CVRA Board of Directors and by other people or organizations.**

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**INSTRUCTIONS**

These instructions pertain to the submission of a CVRA Collegiate Scholarship application packet and are furnished to ensure that students understand the requirements before submitting an application. Applicants can download the scholarship package which includes all forms, the application and instructions for completing the application at [www.CVRA.org](http://www.CVRA.org). The completed application with all enclosures must be returned to the CVRA Scholarship Committee Chairman for distribution to the committee no later than November 1. Checks will be mailed to the winning applicant(s) no later than January 31. This award is intended to be a one-time award per applicant.

The following is a checklist of required documents:

- \_\_\_ 1. Scholarship application completed and signed.
- \_\_\_ 2. Applicant release form signed.
- \_\_\_ 3. Copy of most recent college transcripts.
- \_\_\_ 4. A brief statement of your racquetball history.
- \_\_\_ 5. A brief statement of what you believe you can contribute to the sport of racquetball in the future.
- \_\_\_ 6. A brief statement of how this scholarship will be beneficial.

Mail completed application packet to:

Scholarship Committee Chairman

Al Gorman  
1033 Little Pine Circle  
Forest, VA 24551  
[algorman1937@gmail.com](mailto:algorman1937@gmail.com)

**All applicants considered for scholarships will be advised in writing as to their selection or nonselection. Commonwealth of Virginia Racquetball Association scholarships are not restricted by race, color, creed, sex, religion, national origin or any other non-merit factors.**

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**I. PERSONAL**

Name \_\_\_\_\_

Address  
\_\_\_\_\_

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

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_

**II. EDUCATION**

Name and address of College or University where you are enrolled: \_\_\_\_\_

\_\_\_\_\_

List your major: \_\_\_\_\_ Projected date of Graduation: \_\_\_\_\_

Number of credit hours per semester or quarter: \_\_\_\_\_

Current cumulative GPA: \_\_\_\_\_

**III. RACQUETBALL ACCOMPLISHMENTS**

Number of CVRA sanctioned events you participated in during the last year: \_\_\_\_\_

Number of USAR sanctioned events you have participated in during the last year: \_\_\_\_\_

Number of MACRC sanctioned events you have participated during the last year: \_\_\_\_\_

Are you a member of your school's racquetball club or team? If yes, please specify:

**IV. OTHER INFORMATION**

List your USAR member number: \_\_\_\_\_

List your USAR member expiration date: \_\_\_\_\_

Do you plan to renew your USAR membership? \_\_\_\_\_

How long have you been a member of the USAR?

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Have you ever applied for a USAR Collegiate Scholarship?  
\_\_\_\_\_

**Certification**

I certify that the above information is correct. I agree to promptly notify the Scholarship Committee of any address change, or change in school designated herein, or other changes in my educational plans which would impact any scholarship grant awarded.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANT RELEASE FORM**

In consideration of the Commonwealth of Virginia Racquetball Association Scholarship Grant,

I, (name)  
\_\_\_\_\_

(address)  
\_\_\_\_\_

City

State

Zip  
\_\_\_\_\_

hereby warrant that I am \_\_\_\_\_ years of age, and hereby assign to the CVRA Scholarship Committee, and its legal representatives the right to use my photograph/video with right to reproduce same, together with right to copyright said photograph/video and/or reproductions thereof and I hereby agree to protect and hold harmless the CVRA and its legal representatives in the use of said photograph/video and/or reproductions thereof in conjunction with the Scholarship Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if applicant is under 18)

\_\_\_\_\_  
Date