

# Mark Karle Memorial Scholarship Application

On March 28, 2018 the Karle family lost a beloved Husband, Dad, Grandfather, Brother, sports fan and a devoted referee when Mark Karle passed away. Mark loved to referee, giving himself passionately first as a young man to the rules of basketball and then to baseball. But his lasting referee love was to the sport of volleyball and the players, coaches, and co-partner referees he got to know through the years. He would be thrilled with the donations that have been placed in his memory to help Kansas High School senior volleyball players further their college educations. In Mark's honor, three, one-time, \$2,000 each scholarship(s) will be given to deserving high school young ladies who will be going on to college to play volleyball for the 2019-2020 college school year. If you'd like to apply, please complete this application and forward to:

Mark Karle Memorial Scholarship Application  
3224 SE Blazing Star Dr.  
Topeka KS 66609

## Eligibility Requirements

1. Applicant must have participated in high school volleyball for at least 2 seasons.
2. Applicant must be attending a 2- or 4-year college/university full time for the following 2019 – 2020 academic year.
3. Applicant must be participating in college volleyball at a 2- or 4-year college/university.
4. Applicant must have a minimum GPA of 3.00.
5. Applicant must present a document stating they have been accepted to the college/university of their choosing.

## Application Process

1. Applicant must complete all components of the application below.
2. Applicant must include 2 letters of reference – 1 must be from a high school volleyball coach.
3. Applicant must include a 250 – 500-word essay answering the following: *How has volleyball impacted my life and my future? Did you or your coaches know Mark and if so please share.*
4. Applications must be postmarked by Feb 1<sup>st</sup>, 2019. Scholarships will be awarded, and notification provided by March 15<sup>th</sup>, 2019.

Please allow enough time for your guidance counselors office to review and submit by the postmark requirement / deadline. Applications not meeting all requirements will NOT be considered.

## SCHOLARSHIP APPLICATION 2018

|  |   |                             |  |                             |
|--|---|-----------------------------|--|-----------------------------|
| Please <b>type</b> your answers. <i>Use a additional piece of paper if necessary</i> |   |                             |  |                             |
| 1.   | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Last Name:</td> <td style="width: 5%; border: none;"></td> <td style="width: 45%; border: none;">First Name, Middle Initial:</td> </tr> </table>  | Last Name:                  |  | First Name, Middle Initial: |
| Last Name:   |   | First Name, Middle Initial: |  |                             |
| 2.   | Mailing Address<br>Street:<br>City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>   |                             |  |                             |
| 3.   | Daytime telephone number: (      )<br><br>Email address:  |                             |  |                             |
| 4.   | Date of birth:    Month                  Day                  Year  |                             |  |                             |
| 5.   | Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)<br>ACT/SAT score: _____  |                             |  |                             |
| 6.   | Name and location of high school:   |                             |  |                             |
| 7.   | A. List any academic honors, awards and membership activities while in high school:<br><br>B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:<br><br>C. List your non-school sponsored volunteer activities in the community: |                             |  |                             |
| 8.   | A. Which college/university do you plan to attend:<br><br>B. Have you signed a letter of intent to play volleyball?   |                             |  |                             |
| 9.   | Anticipated field of study:   |                             |  |                             |
| 10.  | Number of years you have participated in high school volleyball:  |                             |  |                             |
| 14.  | Please type an essay (250 - 500 words) addressing the following:<br><br><i>How has volleyball impacted my life and my future? Did you or your coach know Mark? Please share if so.</i>  |                             |  |                             |
| 15.  | Two (2) letters of recommendation – 1 must be from one of your high school volleyball coaches.  |                             |  |                             |

### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that if chosen as a scholarship winner I will try to be present at any awards ceremony and/or reception to receive my scholarship award.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application for the Mark Karle Memorial Scholarship.

Name of Guidance Counselor: \_\_\_\_\_

High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_