



Angels Volunteer Scholarship Award

Guidelines and application form

Guidelines

The Angels *Volunteer Scholarship Awards* is open to a high school senior (aged 19 years and under), that has actively participated as “buddy” for at least one season. Preference will be given to any Senior that has participated for more than one season. This scholarship acknowledges their contribution to the Saddle Brook Angels Sports Program.

Scholarships are awarded in recognition of young volunteers who are currently involved in volunteering, have a history of community participation, and who have demonstrated their personal motivation and interest in volunteering and helping the special needs community.

Winner(s) of the Angels Volunteer Scholarship Award will receive a check and certificate.

Definitions

- Season – the Angel season typically runs for 8 weeks.
- Buddy- any youth that has worked with a participant of the Angel’s Sports Program

Who can apply?

- Any Angel “buddy” who has actively participated for at least one season.
- Any high school senior who has participated as a” buddy” in any Angel sports program

Eligibility

To be eligible for a Youth Volunteer Scholarship Award the applicant must:

- Be aged 19 years or under
- Be a resident of Saddle Brook, New Jersey
- Complete this form, highlighting their volunteering commitment and contribution(s) to their community
- Provide a signed application supporting their submission from their current Coach
- Complete the application and submit the required information.

Screening of Applications

The Scholarship Committee will screen all applications against the eligibility criteria and shortlist applications for scholarships.

Assessment of Applications

The selection panel will prepare recommendations based on the following assessment criteria:

- Current involvement in Angels Sports Program
- History of sportsmanship on the field during practice and games
- Personal motivation
- Demonstrated interest in community/volunteering

Recommendations of Applications

The Scholarship Committee will be advised of the selection panel’s recommendations and will have final approval on the Angels Volunteer Scholarship Award applications to be funded.

Notification

The Scholarship Committee will notify all applicants in writing about the outcome of their application. Scholarships will be awarded to the recipient at their respective awards dinner or town council meeting.



Applying is easy

Once you have determined your eligibility and have read these guidelines, simply print and print the application form. The application form can be downloaded from www.saddlebrookangels.com under the Scholarship Program tab

Once completed, please mail application and supporting documentation to:

“Saddle Brook Angels”
Volunteer Scholarship Award
P.O. Box 8243
Saddle Brook, NJ 07663

****Scanning Application and supporting documentation and emailing it is acceptable.**
Email: Saddlebrookangels@gmail.com

Application checklist

When submitting your application please:

- Complete all sections of the application form, clearly print or type
- Ensure that each section of the application is limited to 250 words or less
- Attach the endorsement letter from your Coach
- Keep a copy of your application for your own records
- All supporting documentation, attachments should be typed, not handwritten.
- Please confirm with us when the application is due, depending on the sport season you are submitting for.

For further information contact:

Monica Maniscalco

Phone: 917-992-7904

James Maniscalco

Phone: 917-709-7632

Email: saddlebrookangels@gmail.com

Website: www.saddlebrookangels.com

Please do not hesitate to contact us if you have any questions regarding any part of this application.



Angel's Volunteer Scholarship Award

Application form

Personal details

Full name: _____

Telephone: _____

Address: _____

E-mail: _____

Saddle Brook, New Jersey 07663

Male Female

Date of birth: _____

Parent / Guardian / Caregiver (this only needs to be completed if you are under 18)

Full name: _____

Telephone: _____

Address: _____

Mobile: _____

E-mail: _____

Endorsement letter

(essential for being considered for a scholarship)

Please attach a supporting letter from your Coach.

Legal name of organization (as it appears on the Certificate Name of person supporting application):

Organization: _____

Position: _____

Telephone: _____

Address: _____

Submission

Please complete the following:

1. Describe your current involvement in volunteering and how it helps the children in the program?



Declaration

I, _____

certify that this application is true and correct.

Signature: _____

Date: _____

Parent/Guardian/Caregiver consent (this only needs to be completed if you are under 18):

I give my consent for

(name of applicant) to apply for the Angel's Volunteer Scholarship Award.

Your name: _____

Relationship to applicant: _____

Signature: _____

Date: _____