



TABS

Titan Athletic Booster Club, Inc.

Frontier High School
Bakersfield, California

TABS

Board of Directors

Tarrah Gentry, President
Amber Adams, Vice President
Jen Pafford, Treasurer
Brandy Rosander, Secretary
Rob Tracy, Past President

2019-2020 TABS Scholarship Instructions

The TABS Scholarship is awarded from the Titan Athletic Booster Club, Inc. funds. This Scholarship is dependent on funds from TABS memberships. It will be split between qualifying applicants if more than one applicant applies.

SCHOLARSHIP DEADLINE: April 2, 2020 to the FHS Activities Office * NO LATE SUBMISSIONS will be accepted

To be eligible for scholarship consideration, senior sport members must meet the following criteria:

1. Students must have played a Frontier High School sport for at least 2 years,
2. Students must have maintained a minimum cumulative GPA of 2.5 throughout high school,
3. Students must submit a short essay (handwritten or typed) answering the following:
 - o Indicate your education plans and career goals,
 - o Include the need for the scholarship assistance and any special circumstances,
 - o Indicate why you feel you are a good candidate for the TABS scholarship, and
 - o Sign and date your essay.
4. Students must provide one Frontier High School staff and one community recommendation. Forms for these recommendations are attached. These **TWO** recommendations should be returned with your application in a confidential, sealed envelopes,
5. Students must provide a certified copy of their high school transcripts,
6. Students need to be attending college or enlisting in the military or trade school the next school year,
7. Students must provide a copy of college/trade school acceptance letter or if enlisting in the military something that demonstrates the athlete is enlisted, and
8. Parents or guardians must have been an active TABS member for at least 2 years (completing a single or family membership application and fees, which may include (a) donating four hours to any Frontier sporting event as signed off by sport president or designee, (b) finding one sign sponsor for any sport team of a fifty dollar value or more, or (c) donating fifty dollars to any Frontier sport of your choice) including being an active TABS member the year the athlete is applying for the TABS scholarship. Parents can confirm membership with their own sport president, who has access to the information digitally.

All documents listed above must be turned into the Frontier Athletic Department by **April 2, 2020**. Please place all information in a sealed envelope and mark: Attention: TABS (Titan Athletic Booster Club), Scholarship Application, Players Name, contact phone number.

All CRITERIA and scholarship areas must be fully completed. If you do not comply with these directions, the application will automatically be rejected. TABS will contact you if the application is accepted and arrangements for collection of scholarship funds will be determined at that time.



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last name of applicant	first name of applicant	yes no TABS Member at year applying (circle)
parents/guardians first and last names	phone number of parents/guardians	
birthdate	age	date of graduation

list all high school sports played and years of each, and indicate all high schools attended during those years

College/University/Trade School or Branch of Military you will attend:

College Major	Career Goal
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Indicate below your school activities, including club membership, offices held, awards, honors, sports, and/or recognition you have received.

Indicate below your community involvement including civic organizations, church, clubs, volunteer work, etc.

Are you currently employed? Yes No If yes, name of employer: _____

I will be including the following confidential recommendations in support of my application for scholarship:

1. _____
Teacher
2. _____

As a scholarship applicant, I hereby release information contained on this application as well as my academic transcripts to TABS. In addition, I waive my right to access and review confidential recommendations acquired for purposes of determining and granting this scholarship. I understand that scholarships may be denied if any information reported on this application is found to be intentionally misleading or inaccurate.

signature of applicant	parent signature	date
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CONFIDENTIAL Scholarship Recommendation Form for:

Name of Applicant

The applicant has waived his/her right to view this recommendation.
Your assessment of this candidate is of vital importance to the application.

How long have you known this applicant? _____ Years _____ Months

What is the basis for your recommendation? Frontier Staff Recommendation or Community Recommendation

How do you know the application? _____

Please rate the applicant on the following attributes:

	Excellent	Good	Average	Below Average
Initiative	[]	[]	[]	[]
Respect	[]	[]	[]	[]
Effort	[]	[]	[]	[]
Motivation	[]	[]	[]	[]
Work Ethic	[]	[]	[]	[]

Supplement your ratings of this applicant by noting additional information below regarding his/her worthiness or lack of worthiness for scholarship consideration here:

This applicant is recommended (please check one):

____ Strongly recommended ____ Recommended with reservations ____ Not recommended

Signature: _____ Position: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO THE APPLICANT IN A SEALED CONFIDENTIAL ENVELOPE