



TABS
TITAN ATHLETIC BOOSTER, INC.
FRONTIER HIGH SCHOOL
BAKERSFIELD, CALIFORNIA

TABS Board of Directors
Tarrah Gentry, President
Carolyn Sherman, Vice President
Dani Boyd, Treasurer
Leah Norris, Secretary
Rob Tracy, Past President
Mike Gibson, Athletic Director

2021-2022 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 22, 2022 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 two years.
2. Students must have maintained a minimum cumulative GPA of 3.0 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 member and one community recommendation. Forms for these recommendations are attached. These **TWO** recommendations should be returned with your application in a confidential, sealed envelope,
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 two 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. Applicants or parents can confirm membership with their own sport TABS committee.

All documents listed above must be turned into the Frontier Athletic Department by **April 22, 2022**. 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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_____ YES NO
Last Name of Student Applicant First Name of Student Applicant (Circle) TABS Membership Application Year?

_____ Parents/Guardians First and Last Names Parents/Guardians Phone #(s)

_____ Applicant DOB Age Graduation Date

List all high school sports played and the years of each sport. Indicate all high schools attended during those years.

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

_____ College Major Career Goal

List your school activities, including club membership, offices held, awards, honors, sports, and/or recognition you have received.

List 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. _____ (Community)

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.

Student Signature: _____ 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 applicant? _____

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 _____ Do Not Recommended

Signature: _____ Position: _____ Date: _____

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