

**JUMP ROPE FOR HEART/HOOPS FOR HEART
\$500 SCHOLARSHIP AWARD
SPONSORED BY OAHPERD**

The Ohio Association for Health, Physical Education, Recreation, and Dance is requesting applications from students for the **Jump Rope for Heart/Hoops for Heart Scholarship Award**. One undergraduate student will receive this \$500 award at the OAHPERD Convention.

Criteria for Applicant:

1. Applicant must presently be either a Sophomore, Junior, or Senior at an Ohio college or university.
2. Applicant's major field must be physical education, recreation, health, or dance.
3. Applicant must coordinate a Jump Rope for Heart or Hoops for Heart event or must assist another teacher with an event.
4. Applicant must have a favorable academic record (3.0 GPA or higher in your major). (A copy of your transcript must be enclosed with the application.)
5. Applicant must have a strong desire to serve the profession through volunteerism.
6. Applicant must be a current member of OAHPERD.

APPLICATION FOR JUMP ROPE FOR HEART/HOOPS FOR HEART SCHOLARSHIP AWARD

Name _____

Address _____
City State Zip Code

Telephone(s) (_____) _____

E-mail _____

OAHPERD Member _____ yes _____ no

Name of College or University attending _____

What is your major? _____

Anticipated Graduation Date _____



Assisted with Jump Rope for Heart _____ Hoops for Heart _____ event.

Date and location of event _____

Briefly describe highlights of the JRFH or HFH event that you conducted.

Name, Address, and Phone of Teacher who you assisted in conducting your event.

Name

Address

City

State

Zip Code

(_____) _____

Phone 6. Applicant must be a current member of OAHPERD.

Describe how you became familiar with the Jump Rope for Heart or Hoops for Heart Program.

Did you participate in a Jump Rope for Heart or a Hoops for Heart Demonstration Team.? Did you participate in a Jump Rope for Heart or a Hoops for Heart event while in primary or secondary school? If yes, explain.

Describe types of volunteer service you have been involved with during your undergraduate years.

REQUIRED SIGNATURES

The signature of one college/university faculty member who can verify the above information must be provided below.

Faculty Name (Print Name) _____

Position _____ Phone Number _____

Faculty Signature _____

Date _____

Signature of Teacher who you assisted in conducting your event.

Signature of Applicant must be a current member of OAHPERD. _____

Date _____

Mail completed application and transcript to:

Marla Thomas
2530 Fallen Oak Circle N.E.
Massillon, OH 44646
(330)933-9711
thomasm@perry1.stark.k12.oh.us

Application must be postmarked by September 18th., 2009