

## BOB McNULTY MEMORIAL CAMP SCHOLARSHIP

THE BOB McNULTY MEMORIAL AWARD WILL BE MADE TO THE SELECTED PLAYER'S CAMP OF CHOICE FOR THE SUMMER IMMEDIATELY FOLLOWING RECEIPT OF THE AWARD. THE AWARD OF TWO HUNDRED DOLLARS (\$200.00) WILL BE MADE DIRECTLY TO THE RECIPIENT'S CAMP OF CHOICE.

EACH COACH WILL NOMINATE ONE DESERVING UNDERCLASSMAN. BOTH THE COACH AND THE ATHLETE WILL SUBMIT A STATEMENT, *OF NO MORE THAN TWO HUNDRED WORDS*, IDENTIFYING WHY THEY BELIEVE THE ATHLETE DESERVES THE SCHOLARSHIP AWARD.

THE CANDIDATE SHOULD DEMONSTRATE BEHAVIORS THAT EXEMPLIFY; DESIRE TO LEARN, DRIVE TO EXCEL, POSITIVE ATTITUDE AND A COMMITMENT TO THEIR HIGH SCHOOL TEAM AND THE GAME OF SOCCER.

A PUBLIC ANNOUNCEMENT WILL BE MADE AT THE NJGSCA BANQUET IN DECEMBER. THE RECIPIENT AND HER COACH WILL BE NOTIFIED OF THE DECISION IN ADVANCE OF THE PUBLIC ANNOUNCEMENT.

PLEASE ENCLOSE BOTH STATEMENTS OF QUALIFICATION (PLAYER AND COACH) WITH THIS APPLICATION AND MAIL THEM TO THE FOLLOWING ADDRESS:

BOB McNULTY MEMORIAL FUND

P.O. BOX 4332

METUCHEN, NJ 08840-4332

ALL ENTRIES MUST BE POSTMARKED BY NOVEMBER 15, 2009

### PLAYER INFORMATION

NAME \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

### COACH INFORMATION

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_

WORK PHONE (\_\_\_\_) \_\_\_\_\_