

# 2020

## INFORMATION SHEET FOR ERIC HANSON MEMORIAL SCHOLARSHIP AWARD

1. **NAME OF AWARD** ERIC HANSON MEMORIAL SCHOLARSHIP AWARD
2. **SPONSOR** LOWER SOUTHAMPTON ATHLETIC ASSOCIATION
3. **AMOUNT AWARDED** Three (3) monetary awards of at least \$500.00. Each awarded on a one-time basis
4. **AWARD CRITERIA** Student must be currently involved in a sports activity, either high school or club level or be performing voluntary services for the LSAA AND must have played in LSAA programs (or the GALS softball program) for at least 3 years. Student must be a senior in the top half of his/her high school graduating class. Student must be able to substantiate his/her ability to be a leader on the field. The scholarship is not available to any student who has been awarded a full scholarship from the college-university of his/her choice.
5. **SELECTION COMMITTEE** Eric Hanson Family, Joseph Olenski and Matt Gilbert
6. **WHERE TO APPLY** LSAA Scholarship Committee Submissions  
148 East Street Road # 275  
Feasterville PA 19053
7. **DUE DATE** April 6, 2020
8. **SELECTION** May 1, 2020
9. **WHEN AWARDED** At the May LSAA meeting or school's award ceremony as appropriate.
10. **REQUIRED DOCUMENTS** Completed and signed application  
Copy of Transcript showing first semester grades and class rank  
Three letters of recommendation, including one from a coach, one from a teacher/administrator, and one from applicant's choice provided it is not form a relative.  
Proof of leadership accomplishments, e.g., membership in the National Honor Society should be corroborated by evidence form the school of this honor.

**LOWER SOUTHAMPTON ATHLETIC ASSOCIATION  
ERIC HANSON MEMORIAL SCHOLARSHIP  
APPLICATION FORM**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Telephone: \_\_\_\_\_

Years of participation in LSAA (please list): \_\_\_\_\_  
(Please include GALS softball years if applicable)

Sports (please list name(s) of sports and year(s) played):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Parent/Guardian: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Office telephone: \_\_\_\_\_

S.A.T. Scores: \_\_\_\_\_

Scholastic Average Junior Year: \_\_\_\_\_

Scholastic Average Senior Year First Semester: \_\_\_\_\_

**Submit a copy of your High School transcript to include the first marking period of this year.**

Please list any scholarships already awarded:  
\_\_\_\_\_

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Sports achievements for last four years: (A resume may be attached detailing information). List may include but not limited to items such as captain of a varsity team, referee/umpire for a youth organization, head coach of a youth organization). Documentation must be provided unless the service performed was for the LSAA. Documentation may be included in letter of recommendation.

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Please list academic honors, extracurricular activities, hobbies, employment and/or volunteer work performed in the last four years. Please provide any necessary documentation from valid sources, e.g., statement from the school as to membership in the National Honor Society.

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References: Please list three references (with home and work phone numbers) that know you well. Please have these people provide written references as well. One should be a coach, one should be a teacher and the other is your choice. (Do not list a relative).

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The information that I have reported herein is true, correct and complete. I authorize the use of the information on this form by the Lower Southampton Athletic Association Scholarship Selection Committee. I hereby certify that I have not received a full scholarship from the college that I will be attending next year.

Applicant's signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_