Application for:

Mary Gay Jolly Scholarship Award

Mail to: Jim Carl 3125 Old Carriage Brighton, MI 48116



#### Michigan High School Lacrosse Coaches Association

Application Deadline is May 15

(All entries must be postmarked by 5/15)

Scholarship Information and background- This scholarship is offered to recognize the sacrifices a family makes through coaching the game at the high school level in the state of Michigan. It is named in honor of Mary Gay Jolly, wife of Hall of Famer Mike Jolly, who has served the Michigan Lacrosse community for over three decades. The name for the award is the Association's way of recognizing Mary Gay's sacrifice as a coach's spouse during five decades. The recipient's award is the MHSLCA's way of recognizing all the people in a coach's life that give up their precious family time for the game.

The Association reserves the right to award one or more scholarships each year based on applicant pool and financial stability of the Association.

#### **Scholarship Criteria**:

- 1. Must have played the current season for a member school in good standing.
- Must be attending an accredited college program in the year immediately following their senior season. Recipients will be required to provide a certificate of enrollment showing payment has been made to the accredited institution.
- 3. Must have all credentialing received to Scholarship Chair by the due date. Credentialing includes:
  - a. Application with all fields completed
  - b. One page essay, not to exceed 300 words, about what your father/mother/grandfather/grandmother has done for your lacrosse career and the game of lacrosse in the state of Michigan. The father/mother/grandmother/grandfather is not required to have been the player's coach, but must have been actively involved in boy's High School lacrosse as a coach or assistant coach during the applicant's senior season.
  - c. An official transcript in a sealed envelope from your school guidance counselor. Be sure your guidance counselor fills out the last section of this application and includes the transcript.



# Michigan High School Lacrosse Coaches Association

### **Applicant Personal Information**

Name:	<b>`\A&amp;</b>		100	
Address: (Street/City/State/Zip)	V"		2	1
Primary Phone Contact:	-00-	10		
Primary Email (Required):		ľŸ,		-
School that Parent/Grandpare	ent Coached at:	LA	<u> </u>	
School Currently Playing:		/-400	PRE.	
Intended Major:				
Applicant High School:		<u> Jarob</u>	and the transfer	1 1
Counselor Name:			<del>~~</del>	
Counselor Phone:			<u> </u>	
Parent/Grandparent Name:		1 11		
Parent/Grandparent Address:			-0	
School Parent/Grandparent Co	oached at in 2017:			
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Date:	Signature of Appli	cant		
Date:	Signature of Pare	nt		



# **Michigan High School Lacrosse Coaches Association**

Supporting information to be provided by Applicant. If the allotted space is insufficient, please attach addendum.

extracurricular Activities of Applicant: (include all activities engaged in and include leadership position
within those activities: Athletics, debate, drama, music, publications, student council, etc. Place the
most meaningful first, the next most meaningful 2 <sup>nd</sup> , etc.)
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<b>Honors/Awards</b> (please include Athletic Honors, Academic Honors, and Community Honors from you
entire High School Career. Place the most meaningful first, the next most meaningful 2 <sup>nd</sup> , etc.))
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Service Record: (Please provide a history of your service to school, community, church, youth lacrosse
etc. Place the most meaningful first, the next most meaningful 2 <sup>nd</sup> , etc.))



### **Michigan High School Lacrosse Coaches Association**

## This Section Should Be Completed by School Guidance Counselor

Applicant Name:
Applicant Rank: in a Class of:
Applicant's Cumulative GPA through 7 Semesters (on a 4.0 scale):
Applicants ACT and SAT Scores:
Date Provided:
Counselor Name:(please print)
Counselor Signature:
Counselor Phone:
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Attention Counselors: Please provide the Applicant with an official transcript in a sealed
envelope that they can include with their submission.
Dear Applicants,
Please mail this completed application to the Scholarship Chair (address below) by <b>May 15</b> , <b>2017</b> . Your package should include the completed application, counselor signature, a transcript in a sealed envelope, and a one page (maximum 300 word essay) expressing the sacrifice made by a family member as a coach.

Scholarship Chair: Jim Carl

3125 Old Carriage Brighton, MI 48116