

# ROBBY ATHERTON FOUNDATION

## HEART AWARD SCHOLARSHIP

The Robby Atherton Foundation has established The Heart Award Scholarship in memory of Robby Atherton, Macomb County Basketball Player of the Year 2004. His life tragically ended on February 24, 2008. Robby was an outstanding student and gifted athlete with an intense love for the game of basketball. As a three year member of Eisenhower High School's Varsity Boys Basketball and Baseball teams, he had a profound impact on his teammates, coaches and student body. Always striving to be the best he could be...and doing so with character...he led the Eisenhower Eagles to their first regional basketball championship in over 20 years and received Macomb County's Player of the Year in 2004. An exceptional person, Robby was respected and extremely well liked. The Robby Atherton Foundation Heart Award Scholarship will assure that Rob's legacy, love of life and spirit of giving will live on in the memories of all that knew him. Forever, the Champion of our Hearts.

### HEART AWARD SCHOLARSHIP

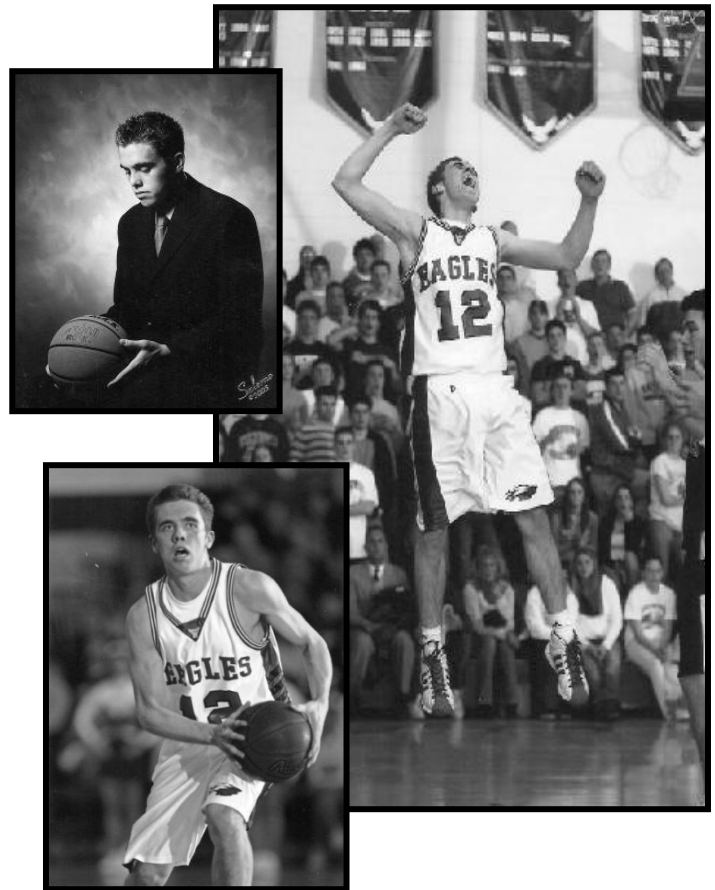
The Robby Atherton Foundation has established one \$1,200.00 scholarship to help a deserving Macomb County basketball player continue their academic career. The scholarship will be awarded to a player who strives to obtain the highest level of performance – on and off the court – through dedication, perseverance, sportsmanship, leadership and teamwork.

### Eligibility Requirements

- Applicant must be a player selected All County (1<sup>st</sup> – 4<sup>th</sup> team, from class ABCD).
- Applicant must be a graduating senior varsity athlete.
- Applicant must have a 3.0 or higher grade point average.
- Applicant must be planning to attend a four year accredited college.
- Applicant may not be a family member of the Robby Atherton Foundation or any of its subcommittees nor any of its scholarship judges.
- **NOTE: DUE TO NCAA ELIGIBILITY REQUIREMENTS, RECIPIENTS OF FULL COLLEGE ATHLETIC SCHOLARSHIPS ARE NOT ELEGIBLE FOR THIS SCHOLARSHIP.**

### Selection Process

- Application available to coaches at Macomb County All-Star Meeting and on [www.robb雅典tonfoundation.org](http://www.robb雅典tonfoundation.org)
- Application must be postmarked by **Friday, March 23, 2012.**
- A scholarship committee consisting of community and foundation members will select a winner.
- The scholarship will be awarded at the Macomb County Basketball Banquet.
- Funds will be directed to the educational institute to be applied to tuition.



### Instructions/ Checklist for Completing Application

1. Application must be typed or printed clearly.
2. Application to be completed by applicant.
3. Include the Reference Form filled out by your coach.
4. Include the Statement of Understanding Form signed by the student and his parent or sponsor as well as the signed Guidance Form.
5. Please contact the Robby Atherton Foundation with any questions.

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**MAIL OR FAX COMPLETED APPLICATION BY  
FRIDAY, MARCH 23, 2012 TO:**



### ROBBY ATHERTON FOUNDATION

53888 Oakview Drive  
Shelby Township, MI 48315  
586-382-0082 • FAX 586-566-4823  
[joe@robb雅典tonfoundation.org](mailto:joe@robb雅典tonfoundation.org)

[www.robb雅典tonfoundation.org](http://www.robb雅典tonfoundation.org)

# ROBBY ATHERTON FOUNDATION HEART AWARD SCHOLARSHIP

## APPLICATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_

High School \_\_\_\_\_ GPA \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Anticipated College Choices

1<sup>st</sup> Choice \_\_\_\_\_ Accepted (Y/N) \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Accepted (Y/N) \_\_\_\_\_

Name of Parents or Guardians \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Work History** - Describe paid employment while attending High School.

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**Extracurricular Activities** - List clubs, community and church activities and any special honors or awards you have received.

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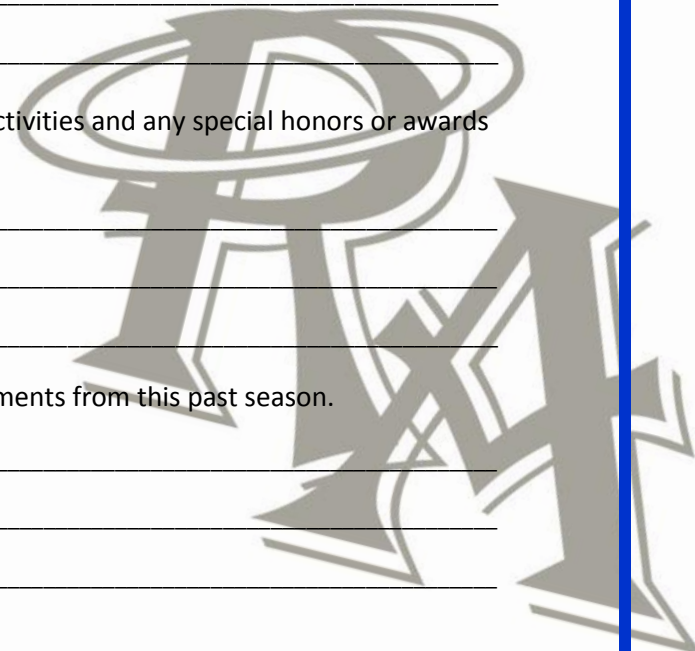
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**Athletic Achievements** - Please describe your athletic achievements from this past season.

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## ROBBY ATHERTON FOUNDATION HEART AWARD SCHOLARSHIP

### STATEMENT OF UNDERSTANDING

Please read carefully and sign.

I, \_\_\_\_\_ in applying for and/or accepting this scholarship agree to the following conditions:

1. If selected as a winner, I understand that I will not receive the actual scholarship until I have been accepted by an accredited school and have provided the Robby Atherton Foundation with verification of my acceptance.
2. If selected as a winner all scholarship funds will be used within one full year after receiving the scholarship. The scholarship will be used for payment of tuition and expenses paid through the registrar's office.
3. Should I transfer to another school before using all of the funds, such funds may be transferred to the new school of my choice. If I cease to attend the school of my choice and fail to immediately transfer to another school, any money remaining will be returned to the Robby Atherton Foundation.
4. I agree to the use of my name and picture concerning this award in any local publications.
5. I understand the Robby Atherton Foundation reserves the right to correspond with the selected school financial aid officer concerning the appropriate use of this award.
6. I certify that the information presented in this application is complete and accurate to the best of my knowledge.

I have read and agree to abide by the rules of eligibility stated in this scholarship application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### To be filled out by the Guidance Department

Student Name \_\_\_\_\_

# of students in graduating class \_\_\_\_\_ Class Rank \_\_\_\_\_

Year of graduation \_\_\_\_\_ GPA \_\_\_\_\_ Citizenship \_\_\_\_\_

Printed or typed name of Guidance Counselor \_\_\_\_\_

Business Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# ROBBY ATHERTON FOUNDATION HEART AWARD SCHOLARSHIP

## REFERENCE FORM

Applicant Instructions: Please have your Varsity Basketball coach fill out the Reference Form. Applicant should collect this form from the person completing it on their behalf and submit with their application.

Coaches Instructions: Please complete and sign the Reference Form keeping in mind to return it to your player promptly so they make the March 23, 2012 deadline. Your thoughtfulness and promptness in furnishing this information for the named student is greatly appreciated.

**DATE OF SUBMISSION: FRIDAY, MARCH 23, 2012**

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Student's Name \_\_\_\_\_

A. Please describe this athlete's success through their ability and performance in their sport this past season:

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B. Please describe the leadership and mentorship accomplishments of this athlete:

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Coaches Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed/Typed Name \_\_\_\_\_

