

JAMES MUNGRO SCHOLARSHIP GUIDELINES

- The yearly scholarship award will be \$500.00.
- The scholarship will be available for a graduating senior of the East Stroudsburg Area School District.
- The recipient must:
 - Complete an application (see attached) and submit that application on or before the stated deadline.
 - Graduate from either of the high schools of the East Stroudsburg Area School District..
 - Have participated in interscholastic athletics while in high school.
 - Go to a two (2) year college or four (4) year college and participate in an officially sanctioned intercollegiate sport.
- The award will be provided to the recipient in two (2) equal installments. The first installment will be a cash award of \$250.00 given at the time designated by the school district for such presentations. The second installment of \$250.00 will be given after the student has provided proof (an official transcript) of post-secondary school attendance and participation in athletics (a letter from the post secondary school's athletic department confirming participation in a sanctioned intercollegiate sport).
- The award will be presented by Mr. Mungro or his designee.
- The recipient of the award will be recommended by a committee of community members and school personnel selected by Mr. Mungro. Final approval will be by Mr. Mungro.
- The award will be disbursed by the East Stroudsburg Area School District Business Office.
- Questions regarding this scholarship can be forwarded to the Office of Pupil Services of the East Stroudsburg Area School District at (570) 424-8500 Ext. 1121.

JAMES MUNGRO SCHOLARSHIP

This application must be submitted to the East Stroudsburg Area School District
Guidance Office on or before

General Information

Applicant's Name: _____
(Last) (First) (MI)

Name of Parent or Guardian: _____
(Last) (First) (MI)

Address: _____
(Street) (APT #)

(City) (State) (Zip Code)

Phone: _____

Intended Date of Graduation: _____
(Month) (Year)

Education Plans

I will be attending _____
(Name of College or University)

(Address of College or University)

Intended Course of Study at the College/University _____

Intercollegiate Sport(s) I Intend to Participate in: _____

East Stroudsburg Area School District High School attended: _____

Personal Information

High School Extracurricular Activities:	Year(s) of Participation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Community Interests and Services:	Year(s) of Participation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Honors Received:	Year(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Narrative

Please write a **200** word essay explaining the benefits you derived from being a student-athlete.

Reference:

(Must be at least one ESASD teacher and one ESASD coach)

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and accept the conditions, rules and guidelines outlined in this application and agree to accept the decision of the selection committee as final. My signature below certifies that all of the information provided herein is complete and true to the best of my knowledge.

(Signature of Applicant)

(Date of Application)