



## 2018 BOB JOHNSON MEMORIAL SCHOLARSHIP APPLICATION

For the 27th year, the Pittsburgh Penguins will award an annual Pittsburgh Penguins/ Bob Johnson Memorial Scholarship to a Western Pennsylvania high school senior who has demonstrated outstanding academic achievement, good citizenship and school/community involvement. The student should demonstrate an intense love for the game of hockey personified by on-ice hustle, achievement beyond his/her talent level, leadership, sportsmanship and teamwork.

The scholarship award is valued at \$5,000.

Scholarship checks will be made payable to the institution the student will attend.

All completed scholarship applications must be mailed to the Pittsburgh Penguins Foundation office no later than Monday, May 28, 2018.

The Penguins are proud to offer this scholarship to help deserving student-athletes continue their hockey and academic careers. This award is named in honor of a man who helped thousands of high school, college and professional athletes become better people as well as outstanding students and athletes.

Please return completed nomination forms to:

Cindy Himes  
Director, Community Relations  
Pittsburgh Penguins Foundation  
One Chatham Center, Suite 480  
Pittsburgh, PA 15219

***NOTE: All completed applications must be received by May 28, 2018.***

## CRITERIA

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To be eligible for consideration, the nominee shall have:

- Excelled academically with an overall minimum cumulative grade point average of 3.20 (based on a maximum of 4.0) or its equivalent. A student shall be nominated in the academic year in which he/she successfully completes the final season of eligibility. The student shall be evaluated based upon all academic work completed through the first term in which the final season of eligibility concludes.
- Performed with distinction in terms of leadership, realizing potential, character and positive attitude as a member of the hockey team. The degree of the student's athletic achievement shall be weighed at least equally with the degree of academic performance.
- Signified the intention to continue academic work beyond the high school or prep school level.
- Conducted himself/herself, both on and off the ice, in a manner that has brought credit to the student and his/her institution.
- After satisfying the above requirements, consideration shall be given to participation in school activities, other than academic and athletic, in which the student has had the opportunity to demonstrate qualities of leadership and serve as an example to fellow students. Consideration will also be given to community and charitable endeavors.

## NOMINATING INSTRUCTIONS

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There are five items to be completed:

1. The application to be completed and signed by the nominee; application must be typed.
2. The nomination and endorsement form to be completed and signed by the faculty athletic representative or the director of athletics.
3. An evaluation form to be completed and signed by the head hockey coach.
4. An endorsement to be completed and signed by the applicant's academic advisor.
5. A sealed transcript of the student's grades for grades 10-11-12.

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**STUDENT APPLICATION** Page 1



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Names of Parent(s) or Guardian(s): \_\_\_\_\_

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

\_\_\_\_\_

Home Phone *(including area code)*: \_\_\_\_\_

Cell Phone *(including area code)*: \_\_\_\_\_

Email: \_\_\_\_\_

**SCHOOL ACTIVITY PARTICIPATION**

Organizations/Activities:

School or Class Offices Held by Applicant:

Leadership Positions:



**CHARITABLE/VOLUNTEER ACTIVITIES**

*(Please indicate if activity was a one-time experience or an on-going commitment. Be specific.)*

Community-Based Awards/Recognition:



Other Varsity Sports - Participation:

Athletic Honors/Awards:

Do you have a part-time job?       Yes       No

If yes, please describe your job.



**FUTURE PLANS**

Please describe the college degree program you wish to follow and your reasons for selecting this program, as well as information on your future plans:

Which institution do you wish to attend? \_\_\_\_\_

When do you expect to commence your full-time studies? \_\_\_\_\_

Have you applied for admission?     Yes             No

Have you been accepted?     Yes             No

Signed \_\_\_\_\_ Date \_\_\_\_\_

**ACADEMIC ADVISOR'S ENDORSEMENT**

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Advisor's Name:

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Name of School:

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School Phone *(including area code)*:

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School Address:

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Nominee's Name:

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Nominee's Cumulative Grade Point Average:

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Please comment on nominee's qualifications, academic achievements and character that recommend him/her for the Pittsburgh Penguins/Bob Johnson Memorial Scholarship:

Signed

Date

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**FACULTY ATHLETICS REPRESENTATIVE/DIRECTOR OF ATHLETICS  
ENDORSEMENT**

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Representative's Name:

Name of School:

School Address:

School Phone *(including area code)*:

Nominee's Name:

Please comment on the nominee's qualifications, abilities and character in recommending the student for the Pittsburgh Penguins/Bob Johnson Memorial Scholarship. Of special interest is your assessment of the nominee's contribution through athletics to the life of your institution:

Signed

Date



**HEAD COACH'S RECOMMENDATION**



Coach's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Phone (including area code): \_\_\_\_\_

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

Nominee's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Male:

Female

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Number of years played varsity hockey, including current season: \_\_\_\_\_

Team Captain?  Yes  No

How many years? \_\_\_\_\_

**TEAM/INSTITUTIONAL DATA**

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

Please list all available statistical information regarding the nominee, including varsity career statistics and school records broken or tied. Copies of individual statistics for each year of participation should be attached:

Please comment on the nominee's athletic performance, noting both overall athletic ability and any outstanding qualities of character, leadership and achievement that would recommend the student for the Pittsburgh Penguins/Bob Johnson Memorial Scholarship:

Please indicate where the nominee would rank among all the players at the student's position you have had on your teams over the past \_\_\_\_\_ years: \_\_\_\_\_

Please rate the nominee on the following:

	Superlative	Excellent	Good	Average
Athletic Ability	_____	_____	_____	_____
Character	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Effort	_____	_____	_____	_____

Signed \_\_\_\_\_

Date \_\_\_\_\_