

Program Application Sports Scholarships USA



TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

All fields are required unless listed as optional.

PAGE 1 of 10

Application Checklist

ALL ITEMS LISTED BELOW MUST BE COMPLETE & INCLUDED WITH YOUR APPLICATION

- Signed Terms and Conditions Form
- \$250 Deposit
- Program Application Form
- Sporting references
- A copy of valid passport i.d. page
- Passport Photo (The photo should have a white background and you should not be wearing anything covering your head.)

- A copy of resume or C.V. indicating academic and extra-curricular activities (athletics, arts, or others)
- High School transcript (original or certified copy)
- High School grade average (per year and cumulative)
- Two letters of recommendation from High School or College/Uni
- Personal essay including the following items (maximum of two pages):
Why do I feel I deserve a scholarship? What are my objectives in the USA?
What are my plans after completing my education?
- If transferring college or university courses:
Transcript of courses taken and passed (class programs may be requested).

Photo

Attach one smiling passport-sized photo in the box provided.
The photo should have a white background and you should not be wearing anything covering your head.

Attach one smiling passport-sized photo here

Personal Details

Last Name *(as per passport)* _____

First Names *(as per passport)* _____

Birthdate Age now _____

Address _____

Suburb _____

State _____ Postcode _____

Home Phone () _____

Mobile Phone _____

E-Mail _____

Country of Citizenship *(as per passport)* _____

Other Citizenships *(if any)* _____

Passport No. _____

Issuing Country _____

Passport Expiry Date _____

If applicant is under 18 years of age

Mother

Last Name _____

First Names _____

Mailing Address _____

Suburb _____

State _____ Postcode _____

Home Phone () _____

Business Phone () _____

Mobile _____

E-Mail _____

Father

Last Name _____

First Names _____

Mailing Address _____

Suburb _____

State _____ Postcode _____

Home Phone () _____

Business Phone () _____

Mobile _____

E-Mail _____

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PAGE 2 of 10

About Your Education						
High School Information						
High School name _____						
Graduation Date (or expected) <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> _____	D	D	M	M	Y	Y
D	D	M	M	Y	Y	
Grade Average (final or cumulative) _____						
Maximum Possible Grade _____						
Passing Grade _____						
University Information (if applicable)						
Institution Name _____						
Field/s of Study _____						
Graduation Date (or expected) <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> _____	D	D	M	M	Y	Y
D	D	M	M	Y	Y	
Courses Passed (number) _____						
University Grade Average (final or cumulative grade) _____						
Maximum Possible Grade _____						
Passing Grade _____						
Education Preferences						
1. Fields of study or academic majors of interest:						
a. _____						
b. _____						
c. _____						
d. _____						

2. Do you have a specific institution in mind? <i>(Placement at these institutions is not guaranteed)</i>
a. _____
b. _____
c. _____
d. _____
3. Do you have a preferred U.S. city or state? <i>(Placement in these areas can not be guaranteed)</i>
a. _____
b. _____
c. _____
d. _____
4. Please briefly describe your ideal institution:

5. Means of financial support (mark with an 'X'. Multiple answers are allowed).
<input type="checkbox"/> Student personal funds <input type="checkbox"/> Funds from parent/guardian
<input type="checkbox"/> Funds from other source (specify): _____

CONTINUES OVERLEAF

APRIL 2011

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Registration

1. Desired start date (mark with an 'X' and specify the year):

Fall Term (August) Year

Spring Term (January) Year

2. I will be commencing my studies in the U.S. as a (mark with an 'X'):

Freshman (first year) Transfer Student

Extra-Curricular Activities

Hobbies _____

Sports _____

Others _____

Test Scores

Only if taken already. These are NOT required to apply for the Program.

TOEFL Score _____ Date _____

SAT Score _____ Date _____

ACT Score _____ Date _____

Personal Objectives (Please describe)

Applicant's Sport

Soccer Tennis Basketball Golf

Sports Information


Experience _____

Strengths _____


Position (if applies): _____ Golf Handicap (if applies): _____

Dominant Leg: Right Left Dominant Arm: Right Left


Soccer: indicate one playing position for each system of play (if applies)



Position



Position



Position

Other sports of interest _____

How did you learn about Student Placement Australia New Zealand?

T.V. Web Newspaper

Recommendation Magazine Academic Fair

Other (please specify): _____

CONTINUES OVERLEAF

APRIL 2011

Terms & Conditions Sports Scholarships USA

TO BE COMPLETED BY THE **APPLICANT & PARENTS** (print & sign in black ink)

PAGE 4 of 10

Acceptance into Program

Consideration of the application will only be made after receipt of the fully completed application form and payment of the required deposit.

The applicant will be formally accepted into the program only after:

1. Student Placement Australia New Zealand Pty Ltd has determined that the application meets all requirements for the nominated program.
2. The sponsoring organisation in the US, International Doorway to Education & Athletics Corp. (IDEA), has reviewed and accepted the application.

Eligibility Criteria

Sports Scholarships USA targets recreational or amateur sports men or women of low, average, and high level ability. You must be interested in beginning or continuing an undergraduate career in the USA and meet the following eligibility criteria:

- Be between 16 and 26 years of age.
- Practice one of the following sports:
 - Men's soccer, tennis, golf, or basketball.
 - Women's soccer, tennis, golf, or basketball.
- Fit in to one of the following categories:
 - Current High School student.
 - High School graduate.
 - Currently attending university (classes can be transferred).
 - University graduate (classes can be transferred).
- Attend the International Showcase event where your skills and abilities will be assessed.
- Have amateur status.

Additional Information

Your application will be considered if you meet these criteria, participate in a selection interview and complete a Program Application Form. You will also be required to submit the following documents:

- CV (resume) indicating academic and extra-curricular activities (athletics, arts, or others)
- sporting references
- high school transcript (original or certified copy)
- high school grade average (per year and cumulative)
- two letters of recommendation from either your High School, Uni or College
- a copy of valid passport i.d. page
- passport photo
- personal essay including the following items (maximum of two pages):
 - Why do I feel I deserve a Scholarship?
 - What are my objectives in the USA?
 - What are my plans after completing my education?

Scholarship Offers

Eligible Sports Scholarship USA applicants are assured of a minimum of nine(9) scholarships. Scholarships can originate from athletic, academic, work & study, or other departments, as follows:

- Two (2) by which he/she will not pay over US\$ 10,000 per year for tuition, room and board.
- Five (5) by which he/she will not pay more than 50% of the university costs, including tuition, room and board.
- Two(2) by which he/she will not pay more than US\$15,000 per year for tuition, room and board.

Inoculations

All applicants must ensure they meet the health requirements of the U.S.government. You should consult your GP or local health authority for the latest requirements in the US.

Payment Schedule

1. A \$250 deposit is required when you submit your application.
2. Balance of program fee is payable on acceptance by Student Placement Australia New Zealand.

Please note, Scholarship offers will not be communicated to applicants until such time as final payments have been cleared in the Student Placement Australia New Zealand bank account.

Cancellation and Refund Policy

Cancellations will only be accepted in writing and will be effective at the date received by Student Placement Australia New Zealand Pty Ltd. Refunds will be made according to the following schedule:

1. If you do not receive the scholarship offer as described in the program terms and conditions, you will receive a 100% refund of the program fee.
2. If you withdraw from the Program before acceptance you will lose your \$250 deposit.
3. If you withdraw from the Program after acceptance:
 - but more than one month prior to departure – 75% of program fee will be refunded.
 - but less than one month prior to departure – 50% of program fee will be refunded.
4. If you withdraw from the program you can also opt:
 - to apply to participate in the Study USA (Academic Scholarships USA) program and be given credit for amounts already paid.
 - to participate in the next Showcase event and be given credit for amounts already paid.
5. If you do not receive the scholarship offers as described in the program terms and conditions, you will receive a 100% refund of the program fee.

Responsibility

Student Placement Australia New Zealand Pty Ltd, its subsidiaries and representatives act only as customers to the various companies, owners, or providers of other services. All Scholarship offers, tickets, coupons, and orders are provided to you subject to any and all terms under which such services are issued by the relevant provider. Your acceptance of such Scholarship offers, tickets, coupons and orders shall be deemed to be your consent to the additional condition that Student Placement Australia New Zealand Pty Ltd, its subsidiaries and representatives shall not in any way be liable for any injury, damage, loss, delay or irregularity however caused or arising, and whether out of any defect in any vehicle, or as a consequence of the default of any company, owner or supplier of transportation, accommodation or other service.

Terms & Conditions Sports Scholarships USA



TO BE COMPLETED BY THE **APPLICANT & PARENTS** (print & sign in black ink)

PAGE 5 of 10

Law of the Contract	
This Contract is governed in all respects by the law of the State of New South Wales and any legal action arising under the Contract shall be litigated only in the appropriate Court having jurisdiction in that State.	
Deposit	
<input type="checkbox"/> A\$250 deposit has been paid or is enclosed	
Please indicate your payment method by ticking the relevant box below	
1. Cheque or Money Order	
<input type="checkbox"/> Cheque or Money Order enclosed	
2. Direct Deposit	
<input type="checkbox"/> Direct Deposit	
Please quote invoice number and name. You must pay the exact amount on the invoice plus any remittance costs incurred.	
AUSTRALIA	
Account Name	Student Placement Australia New Zealand Pty Ltd
Account	BSB: 032 196 Account: 299572
Bank	Westpac
Address	Shop 23 Pittwater Place, 10 Park Street, Mona Vale NSW
NEW ZEALAND	
Account Name	Student Placement Australia New Zealand Pty Ltd
Account	BSB: 03 025 Account: 0815935 025
Bank	Westpac New Zealand Ltd
Address	79 Queens St, Auckland Central, Auckland
3. Credit Card	
Payment can be made by Visa or MasterCard. An additional fee (currently 3.42% but subject to change) will be charged on all credit card transactions.	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
Card Holder's Name _____	
Card Number _____	
Exp Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Card Holder Signature _____	
Date _____	

Signature of Applicant	
I have read, understood and accept the above terms and conditions. I grant Student Placement Australia New Zealand permission to use any photographic or any other type of material in which I may appear or which I may have created or written, for promotion or publicity of Student Placement Australia New Zealand programs.	
X	
Signature of Applicant _____	
Name of Applicant _____	
Date _____	
Signature of Parent/Guardian	
To be completed by Parent/Guardian where applicant is under 18 years of age.	
We have read, understood and accept the above terms and conditions. We grant Student Placement Australia New Zealand permission to use any photographic or any other type of material in which the student may appear or which the student may have created or written, for promotion or publicity of Student Placement Australia New Zealand programs.	
X	
Signature of Parent/Legal Guardian _____	
Name of Parent/Legal Guardian _____	
Date _____	
X	
Signature of Parent/Legal Guardian _____	
Name of Parent/Legal Guardian _____	
Date _____	

APRIL 2011

We look forward to working with you towards a successful experience!

If you have any queries please contact one of our program staff on 1300 135 331 (Australia) or 0800 440 079 (New Zealand)

Medical Statement

TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink) **PAGE 6** of 10

Student's Details							
Student's Name _____	Height (cm): _____ Weight (kg): _____						
Birthdate <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> Age now _____	D	D	M	M	Y	Y	Blood pressure: _____ Pulse: _____
D	D	M	M	Y	Y		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Give your opinion of the general state of the student's health: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						

Does the student now have, or has s/he ever had any of the following?
(If yes, attach detailed information regarding impairment)

Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Appendectomy <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Measles <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Diabetes Melitus <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Enuresis <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Poliomyelitis <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Anorexia Nervosa / Bulimia <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Rubella <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Learning or Speech Defects <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Alcoholism <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Other: _____ Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Substance abuse <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	*Allergies (If yes fill out statement below* completely) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No	**Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No				

** (If yes, please attach details of severity and any treatment management)

***Allergy Statement: to be completed if answered "Yes" to allergies above**

DOES THE STUDENT SUFFER FROM ALLERGIES? Yes No **IF YES, ATTACH A STATEMENT THAT ADDRESSES THE FOLLOWING 7 QUESTIONS:**

1. What specific substances is the student allergic to?	5. If yes, what medication and dosage?
2. What reactions are caused by contact?	6. Would you send this medication with the student?
3. Would you describe the reactions as: Mild, Strong or Severe / life threatening	7. What emergency procedures might be necessary if the student comes in contact with these substances?
4. Can these reactions be controlled with medication?	

In your professional opinion, would this student be able to endure, or control (though medication) his/her hayfever or allergy symptoms during the overseas stay?
 Yes No

IMPORTANT:
DOES THE STUDENT HAVE SEVERE OR LIFE-THREATENING ALLERGIC REACTIONS?
 Yes No

CONTINUES OVERLEAF



Medical Statement

TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink) **PAGE 7** of 10

Medical History

Has the student ever been hospitalised? Yes No If yes, please give details:

Has the student ever been advised to have surgery that has not been done? Yes No If yes, please give details:

Is the student presently taking any medication or injections? Yes No If yes, please give details:

Has the student ever consulted a specialist for depression, nervous or mental disorders? Yes No If yes, please give details:

Are there any restrictions on the student's participation in physical education activities? Yes No If yes, please give details:

How long has this student been your patient?

What diseases/ailments/injuries has the student had in the last 12 months?

Please indicate any other pertinent medical information that may have been omitted:

Physician Statement

In my expert opinion the general state of _____'s health is excellent. He/She does not present any illness or condition that is contagious or communicable. Mr/Miss _____ is not currently dependant on any specific medication or medical appliance. I can recommend this individual for an extended educational stay in the United States without hesitancy.

Physician's Signature* 

Physician's Name

Date

Physician's address

Suburb

State

Postcode

Provider number

* Signing physician cannot be a family relation of the applicant.

PHYSICIAN SEAL OR STAMP



Sports Reference Form

TO BE COMPLETED BY THE **APPLICANT'S HEAD COACH OR ASSISTANT COACH**
AT A FORMER HIGH SCHOOL, CLUB, OR ATHLETIC ORGANISATION (print in black ink).

Coach or Assistant Coach

The applicant has applied for a Sports Scholarship to study at an American University. Serious consideration will be given to your evaluation. We need to know as much as possible about the applicant so that we can better assess their qualifications for a successful participation in the program. Your responses will be held in strict confidence. Please fill out the following information as thoroughly as possible. Please see note on the next page regarding the return of this form.

Applicant's Name _____

Coach's Name _____

Coach's Title _____

Organisation Name _____

Phone () _____

Address _____

Suburb _____

State _____ Postcode _____

How long have you known the applicant? _____

How well do you know the applicant? (mark with an 'X' below)

By Face/Name Casually Fairly Well Very Well

Character Observation

Please evaluate the participant in the following areas -

Are you aware of:

- Any physical or emotional illness? Yes No

- Instability in the participant? Yes No

To your knowledge, within the last 12 months has the applicant used:

- Tobacco Yes No

- Alcohol Yes No

- Illegal drugs Yes No

Have you ever had reason to question the motivation

of the applicant? Yes No

Do you have any reason to lack confidence in the applicant? Yes No

Athletic Ability

Excellent Above Average Average Poor Unknown

Sport/s: _____

Sporting organisation represented: _____

Ability to lead as role model: _____

Respects team-mates, officials, opponents: _____

General conduct/behaviour in a game: _____

Overall leadership qualities: _____

Attitude: _____

Competitiveness: _____

Athletic skill level at particular sport: _____

Describe three main characteristics of the applicant's sporting ability: _____
