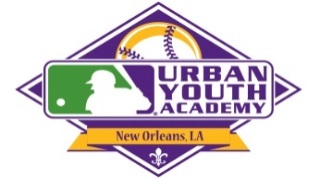
****

**2017 Jack Fielkow Scholarship Program**

**Summary:**

The Jack Fielkow Scholarship program was created in 2012 and is named after the late Jack Fielkow, the father of former New Orleans City Council President Arnie D. Fielkow. Jack was an avid sports enthusiast and had a great love for the City of New Orleans. Arnie played an instrumental role in the building of the MLB Urban Youth Academy in New Orleans and has a baseball background as he served as the President of Minor League Baseball's AA Southern League. Arnie also previously served as Executive Vice President of the NFL's New Orleans Saints and is currently the President and CEO of the National Basketball Retired Players Association. The Jack Fielkow Scholarship program will fund (2) $2000 college scholarships annually, one awarded to a participant from the MLB Urban Youth Academy and one from the New Orleans-based mentoring program, Each One Save One.

**APPLICANT:** Please be sure to fill out each section of the application and attach all requested materials.

Checklist:

* Listed current UYA City/School you are affiliated with.
* Your Goals and Aspirations essay should be no longer than 500 words and must be enclosed

with your application materials. *(Include how you would benefit from the scholarship)*

* Please submit your transcript with the application materials.
* Parents’ or guardians’ Financial Data: By their signatures, they also agree to provide proof of

income, including copies of income tax returns, if required. Alternatively, you may include a

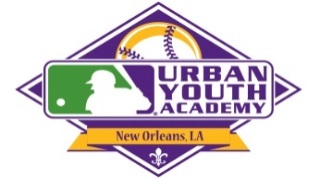
copy of your FAFSA and Student Aid Report (SAR). **If no proof of income is provided, the**

**Financial Data Section must be completed**.

* Sign the Consent, Assignment and Release form (page 4). If you are under 18 years old, the form must have your parent/guardian signature as well.
* **Application materials must be mailed in one packet.**

Other Notes:

* Incomplete, e-mailed, or faxed applications will not be considered.
* We suggest that you keep copies of your application materials.
* You will be informed in early **May 2017** as to whether or not you have received a scholarship.

****

**2017 Jack Fielkow Scholarship Application**

**Applicant Data Section One**

Application packets must be postmarked by April 30, 2017**.**

UYA City Name and School Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Permanent Home**

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your status**. (For statistical purpose only) (Circle)

* Male Female
* American Indian/Alaska Native
* Black/African-American
* Multiracial
* White
* Asian Hispanic/Latino
* Native Hawaiian/Pacific Islander

**2017 Jack Fielkow Scholarship Application** *(continued)*

**Parent or Guardian Information**

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Telephone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Data Section Two**

Application packets must be postmarked by April 30, 2017**.**

If you have questions, please contact **Alisha Foucha**, Office Manager, Major League Baseball New Orleans Urban Youth Academy, at (504) 282-0443 or [alisha.foucha@mlb.com](mailto:alisha.foucha@mlb.com) or **Georgia Williams** at (404) 449-4705 [Georgia.Williams@peoplefluent.com](mailto:Georgia.Williams@peoplefluent.com)

**High School Data**

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School Graduation Date: Month\_\_\_\_\_ Year\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post-Secondary School Data**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which

you have applied.) Use official school names. Do not use abbreviations.

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

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

(Circle) **4 Year College or University** --- **2 Year Community or Junior College** ---**Vocational-Technical School** ------**Other**,

explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major or course of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected college graduation date: Month\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_

Degree sought: (Circle)

* Bachelor
* Associate Certificate
* Other

Student will: (Circle)

* live on campus
* live off campus
* commute from home

If school choice is a public institution, applicant will pay:

* in-state resident tuition
* out-of-state tuition

**Activities, Awards, and Honors**

List all school activities in which you have participated during the past four years (e.g., student government, music,

sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g.,

Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors, and offices held.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Awards or Honors** | **Organization** | **Years Involved** | **Activity** | **Office(s) Held** |
| **Example**: MVP | NOLA UYA | 4 | Baseball Captain | Captain |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Goals and Aspirations**

Attach a brief written statement (no more than 500 words) describing your educational and career goals, your community

service experience, and how you have demonstrated leadership skills in your life. Also include the reason you deserve this scholarship.

**Parents’ or Guardians’ Financial Data (Required)**

The applicant’s parents or guardians must complete this portion of the application. Adjusted gross income and total federal

income tax amounts should be from parents’ or guardians’ most recently filed tax return. To be considered for an award,

this section must be filled out completely. **You must complete this section or attach your FAFSA form and SAR.**

1. State of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Medical and Dental Expenses not paid

by insurance (exclude premiums)..................... $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Adjusted Gross Income (FORM 1040).............. $\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Total Cash, Checking, Savings, and Cash Value of

(If not available provide additional income information) Stocks (exclude retirement plan funds, IRA, 401(k)) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Total Federal Tax Paid (FORM 1040).................. $\_\_\_\_\_\_\_\_\_\_\_\_\_

(Not the amount withheld from paychecks)

8. Total number of family members living in the household

and primarily supported by the reported income #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Total Income of Father...................................... $\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Income of Mother.................................... $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Marital status of parent or guardian: (Circle)

* Married
* Divorced
* Separated
* Widowed Single

5. Yearly Untaxed Income and Benefits:

Please indicate source

* Social Security
* AFDC
* Child Support
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.......................... $\_\_\_\_\_\_\_\_\_\_\_\_\_

10.Total number of family members attending college at least

half-time during the next school year,

including applicant............................................ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grants and Scholarships**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award: Amount:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Award: Amount:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Letter of Recommendation**

**To the Applicant:** Your letter of recommendation should be mailed with all of your application materials. Examples of

who may write your letter of recommendation include a teacher, UYA Director, coach, mentor, or religious leader, etc.

**To the Recommender:** *You have been asked to provide a letter of recommendation in support of the applicant.*

*Please write a letter that specifically addresses this student’s leadership abilities and potential for success in*

*post-secondary school. You must include your relationship to the applicant in your letter.*

*Note: The letter of recommendation cannot be written by a relative of the applicant.*

**Transcript Information-** A complete transcript must be included with this application.

**Unusual Circumstances (if applicable)**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school,

or your participation in school and community activities.

**Mailing Information**

The student is responsible for submitting all materials by **April 30, 2017**. Incomplete applications will not be evaluated.

This information becomes complete and valid only when all required information has been received at the address below.

To verify receipt of your application, include a self-addressed stamped envelope. Incomplete, e-mailed, or faxed applications will not be considered.

All materials, including transcript, must be addressed to:

**UYA/Each One Save One for Jack Fielkow Scholarship Program**

c/o MLB NOLA UYA

Attn: Alisha Foucha/Georgia Williams

6403 Press Dr.

New Orleans, LA 70126

**CONSENT, ASSIGNMENT AND RELEASE**

In connection with my possible selection as a recipient (“Recipient”) of scholarship funds (the “Scholarship”) from Major League Baseball Charities, Inc. (“MLB”), the receipt of which shall be sufficient consideration for this Consent, Assignment and Release, I do hereby:

(1)\_ consent to be aurally and visually recorded by audiotape, videotape, photograph or film in connection with the Scholarship (“Recordings”);

(2)\_ assign to MLB all of my worldwide right, title and interest in or to such Recordings, including, but not limited to, the right in perpetuity to use such Recordings in connection with the Scholarship;

(3)\_ consent to use of my name in press releases, on MLB.com and in other media (“Releases”) as a recipient of the Scholarship;

(4)\_ acknowledge that I shall have no right of approval of the content or use of the Recordings or the Releases; and

(5)\_ release in perpetuity MLB, the Office of the Commissioner of Baseball, the Major League Baseball member clubs, Major League Baseball Properties, Inc., and such entities’ respective owners, general and limited partners, members, shareholders, directors, officers, employees, agents, licensees, sponsors, representatives, contractors and Arnie and Susan Fielkow and any other members of the Fielkow family from any claim of right in respect of the Recordings and Releases, including, but not limited to, claims of false endorsement or rights of publicity or privacy.

New York law will govern this agreement and all disputes relating thereto must be brought in a court located in New York State, New York County. I have fully read and fully understand this agreement, and my signature below constitutes my acceptance of its terms.

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

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If recipient is under 18 years old: I represent that I am the parent or legal guardian of the minor named above, have authority to sign this consent, assignment and release, and agree to the terms stated herein.

Signature of parent or guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If recipient is under 18 years old)

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

(Please print clearly)

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

(Please print clearly)

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_