ABOUT THE SCHOLARSHIP

The Charles “Cocoa” Maxwell Jr. Memorial Scholarship Fund Inc. was founded by Charles Maxwell Sr. in loving memory of his son who died on August 6, 1989. The concept behind the scholarship is to give financial aid to deserving athletic high school seniors in order to encourage their potential and further education.

The scholarship is aimed at and seeks to encourage those who are often overlooked or overshadowed, yet who always make a genuine effort. Those that give 100% even though they may not always be at the top of their class or in the spotlight. These are the characteristics for which “Cocoa” is so well remembered, and the qualities that will be sought out in those to whom this annual scholarship will be given.

ELIGIBILITY REQUIREMENTS

In 2019, four $2,400.00 scholarships will be given to any student who participates in a high school Football or Track program: Each individual scholarship is a total of $2400 awarded in $600 increments over four years. The scholarships will be paid directly to the learning institution in the recipient’s behalf.

2018 scholarship recipients will be eligible for continuous four-year scholarships with verified enrollment.

There is no stipulation that the student continue in their sport after graduation, nor is there a limit on the kind of education the recipient intends to pursue. Recipients may opt for technical or trade schools as well as colleges and universities. The fund was designed to encourage further education and training in any chosen field.

APPLICATION DEADLINE

Deadline For Submission is April 15, 2019

Applications MUST be submitted via email and MUST be received in their entirety on or before the deadline. Applications received after the April 15th deadline will be not be considered.
Scholarship Application

Please attach a personal statement in which you tell us about yourself. An essay of no more than 500 words will be helpful in our evaluation of your scholarship application.

Name_________________________________________ Social Security No._______________________
Address_________________________________________________________________________________
(Street)                                               (City/State)                                              (Zip)
Phone Number__________________________ Email Address____________________________________
Name of Parent/Guardian_________________________ Phone___________ Cell___________
School Presently Attending_______________________________________________________________
High School Principal_____________________________________________________________________
School Counselor________________________________________________________________________
Name of Coach Recommending You_______________________________________________________
Rank in Class or GPA ___________
Signature of School Official_______________________________ Date___________________________
Sports Activities in which you have participated___________________________________________
__________________________________________________________________________________________
_______________________________________________________________________________________
Honors Received_______________________________________________________________
Area(s) of Special Interest______________________________________________________________
PLEASE LIST THREE PERSONS WHO WILL BE SENDING LETTERS OF RECOMMENDATION IN SUPPORT OF YOUR SCHOLARSHIP APPLICATION.

Name_________________________________________ Phone ________________________________

Address______________________________________________________________________________
(Street) (City/ State) (Zip)

Name_________________________________________ Phone ________________________________

Address______________________________________________________________________________
(Street) (City/ State) (Zip)

Name_________________________________________ Phone ________________________________

Address______________________________________________________________________________
(Street) (City/ State) (Zip)

Please Note: No application will be processed without a personal statement and three letters of recommendation. Please read over your application to be sure that all blanks are filled in.

I certify that all information provided is true and complete to the best of my knowledge. I consent to the release of information concerning my academic and financial status to the scholarship committee.

Signature of Student _______________________________ Date _________________

PLEASE EMAIL THIS FORM, YOUR PERSONAL STATEMENT AND THREE LETTERS OF RECOMMENDATION TO:

   Email To:
cocoamaxwellorg@gmail.com
   Subject Line: “Cocoa” Maxwell Jr. Memorial Scholarship

If you have any questions please call (505) 690-9251 or Email cocoamaxwellorg@gmail.com