

Medina Athletic Boosters “Ken Dukes” Memorial Scholarship

PERTINENT INFORMATION

Amount of Each Scholarship: \$1,000.00 (may vary)

Number of Scholarship Winners: Five (5) (may vary)

Date This Application Is Due: **April 17th, 2026**

Requirements for Applications:

- A. You must have participated in the Athletic Program while at Medina High School.
- B. You must be a graduating senior from Medina High School.
- C. You must be going on to higher education of some type.

Application Requirements:

- A. Application may be typed or handwritten in black ink except Section 4.
- B. Section 4 (Aspirations) **MUST** be in the applicant’s own legible handwriting – printed or longhand – in black ink.
- C. You **MUST** submit a letter of recommendation.
 1. Preferably from a coach in a sport in which you participated.
 2. Additional recommendations may also be submitted from people within or outside Medina City Schools.
 3. The letters of recommendation must be done on the “Recommendation Forms” provided with the Ken Dukes Scholarship application. Once your recommendation form(s) have been filled out, they should be returned directly to the person indicated on the “Recommendation Form.”
- D. Your application must be submitted to the Athletic Office by **April 17th**.

Additional Information

Application and letters of recommendation will be reviewed by the Ken Dukes Scholarship Committee. The following criteria will be used by the selection committee to help determine the scholarship recipient(s) (in no particular order):

1. Community involvement
2. Citizenship/Character
3. Involvement in athletics while at Medina High School
4. Letter(s) of recommendation

NOTE: All Medina High School coaches will be furnished with a list of all “Ken Dukes” scholarship applicants. Any coach wishing to submit a letter of recommendation for one or more of the applicants may do so on a “recommendation form,” which will be attached to the list of applicants. Coaches must complete these forms and return them to the Medina Athletic Department by April 21st.

Best of Luck to all applicants!

Scott Tuchek, Chairman, Ken Dukes Scholarship Committee

MEDINA ATHLETIC BOOSTERS

KEN DUKES MEMORIAL SCHOLARSHIP APPLICATION

Complete the required information below:

NAME: _____
 FIRST **MIDDLE** **LAST**

ADDRESS: _____

EMAIL: _____

Father or Guardian's Full Name: _____

Father/Guardian Employer & Position: _____

Mother or Guardian's Full Name: _____

Mother/Guardian Employer & Position: _____

siblings (with age): _____

POST SECONDARY School or College for which applicant' scholarship is requested and subject area applicant plans to pursue:

SCHOOL/UNIVERSITY: _____

STATE: _____ **MAJOR / FIELD OF STUDY:** _____

WILL YOU LIVE ON CAMPUS OR AT HOME WHILE ATTENDING? _____

WILL YOU BE PLAYING A SPORT AT SCHOOL? _____

HAVE YOU WORKED DURING SCHOOL YEAR? _____

WHERE? _____ **FOR HOW LONG?** _____

DO YOU PLAN TO WORK DURING SUMMER VACATION? _____

- 1) List all sports in which you have been a participant and any special honors which you have receiving while attending Medina High School. (List the name of the sport(s), the year(s), in which you participated (FR, SO, JR, SR), and the number of varsity letters received in the sport.
- 2) List memberships and participation in school, community, church, or other organized activities. Be sure to list the lengths of time involved in each activity.
- 3) Please state any unusual family or personal circumstances you feel warrant the attention of the Selection Committee. (If necessary, you may use another sheet of paper)

4) Make a statement of your aspirations and give other information you believe will help the Selection Committee. (NOTE: This section **MUST** be in the applicant's own legible handwriting, printed or longhand-in black ink.)

Applicant's GPA: _____

Date: _____

NOTE TO THE APPLICANT: All of the information contained in this application will be kept in the strictest confidence. I certify that all the information contained in this application is truthful and verifiable. I further agree to release of a copy of my transcript to the Selection Committee if requested.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

List of person(s) you have requested to complete a recommendation form

- 1) _____
- 2) _____
- 3) _____

MEDINA ATHLETIC BOOSTERS

KEN DUKES MEMORIAL SCHOLARSHIP REFERENCE FORM

**** CONFIDENTIAL RECOMMENDATION FORM ****

To be completed by person(s) wishing to recommend a Medina High School senior student-athlete applying for the Medina Athletic Boosters Ken Dukes Scholarship valued at \$1000.

- This form must be typed or written/printed in ink
- Please return all completed forms to Medina Athletic Office
 - Todd Hodkey (hodkeyt@medinabees.org)
 - 777 East Union Street, Medina, OH 44256
- Your recommendation is limited to the space on this form.
- **DO NOT RETURN YOUR RECOMMENDATION TO THE APPLICANT**

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NAME OF APPLICANT: _____

PRINT YOUR NAME: _____ **DATE:** _____

RELATIONSHIP: _____ **TIME KNOWN:** _____

The applicant has listed their athletic achievements, school activities and involvement in other groups in the community in their application. Please relate any reason to the Selection Committee why you believe the application should receive the Medina Athletic Boosters Ken Dukes Scholarship.

SIGNATURE: _____

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