



## Sarah Duval Memorial Athletic Scholarship

Sarah was an eleven year old girl who passed suddenly due complications from leukemia on February 8, 2021, just a few months shy of her 12th birthday. Sarah was a feisty, strong willed, sassy, and competitive, young girl who played hard and loved with all of her heart. Sarah had an infectious laugh and an amazing smile. Sarah loved her blanket, her dogs, donuts, pigs, bulldogs (which she was trying to convince us to adopt), camping, swimming, crafting, and hanging out with her closest friends and family.

Sarah also loved being active and participated in both town and club sports. Two of her favorite sports were hockey and soccer. We have created this scholarship in hopes to allow children and teen athletes to participate in organized sports by lessening the financial burden for them and their families.

If you know an athlete that you believe would benefit from this scholarship and would like to nominate them, or if you feel your own child would benefit from this scholarship please fill out this application and email to us at [StacyandGregDuval@comcast.net](mailto:StacyandGregDuval@comcast.net) or mail to 18 Pasho St. Andover, MA. You can also access this application at: **SarahDuval.org**.

Sarah Duval Memorial Fund, Inc.

A 501(c)(3) tax-exempt organization \*TIN:86-2877863

18 Pasho St.\* Andover\*MA 01810\*stacyandgregduval@comcast.net\*www.sarahduval.org\*978-852-7889



**Sarah Duval Memorial Athletic Scholarship  
Application Form**

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

Child's Full Name: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

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

Current School Attending: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Team/Sport: \_\_\_\_\_

Total Tuition Requested: \_\_\_\_\_

Name/Phone Number/Relationship to child of Individual Nominating: \_\_\_\_\_

\_\_\_\_\_



### **Athletic Scholarship Information**

Sarah had a goal of playing college hockey, she loved playing soccer, and enjoyed being active outside. We want to keep Sarah's love of sport and competition alive by helping other children access town and club sports. Please answer the questions below so we can better get to know the athlete who you are nominating.

***1. Why would the nominee be a good candidate for this scholarship and how will the scholarship help this child and their family:***

**2. If you feel there is something else we should know about the child and their family which could influence our decision in awarding this scholarship, please share such information in the space below.**

I declare that all the information provided in this application is accurate. By signing, I also provide permission for the name(s) and contents of this application to be shared by the Sarah Duval Memorial Scholarship Fund in announcing award recipients on the web and in other promotional materials.

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PRINT NAME

SIGNATURE

DATE

