



## **2017 DVOC Adam J. Sabatine Scholarship Award** **Application Instructions & Qualifications**

The DVOC is pleased to sponsor the Adam J. Sabatine Memorial Scholarship Award. This scholarship program will benefit students with an interest in birds to help them attend summer camp(s) and other conservation-related activities.

Students between the ages of 13 to 18 as of July 28, 2017, with an interest in birding are encouraged to apply for this scholarship. We will consider candidates based on both financial need and/or merit.

The successful candidate of the award, selected by the scholarship committee will be awarded a \$900 scholarship toward **ABA Camp Avocet**. Financial needs of the applicant will be evaluated, but only if the applicant would like this information to be considered. *In cases of exceptional circumstances, a larger amount may be awarded.* Details about Camp Avocet may be found on the ABA website:

<http://events.aba.org/aba-young-birder-camps/>

DVOC will make payment directly to ABA on behalf of the scholarship winner. The parent or legal guardian of the applicant must sign a statement of commitment and accept responsibility for transportation to and from the camp.

1. Applicants must submit a completed scholarship application (downloaded from DVOC.org)
2. Applicants must supply two letters of recommendation from a teacher, nature center, director or staff member, or an adult who knows your commitment to birding.
3. Applicants will write a personal statement no longer than two sides of letter-sized paper, or submit an eight slide power point presentation, telling us about the importance of birds in your life. Examples may include what facets of bird stimulate your interest, the types of birding activities you enjoy, and participation in CBCs, surveys, projects, organized walks, and other group birding activities. Your statement should include your birding experience, influences, goals, and personal commitment.

**Application, statement, and recommendation letters must be received by May 5, 2017. Scholarship announcement will be made on or before June 1, 2017. Applications should be submitted by email (electronic submission preferred) to [youthscholarship@dvoc.org](mailto:youthscholarship@dvoc.org) or mailed to:**

**Delaware Valley Ornithological Club Youth Birding Committee  
Attn: Adam J. Sabatine Memorial Scholarship  
c/o The Academy of Natural Sciences  
1900 Benjamin Franklin Parkway  
Philadelphia, PA 19103**



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**Please note:** If you are selected to receive the Adam J. Sabatine Memorial Scholarship, you will be requested to attend a DVOC meeting to share your camp experience with our members. A Scholarship Committee member will contact you to schedule a convenient date to attend and provide transportation if needed. Thank you!

### **Award Qualifications**

- Applicant must be between the ages of 13 to 18 as of July 28, 2017, and live in the Delaware Valley (New Jersey, Pennsylvania, or Delaware).
- Applicant must have an interest in birding or birding related activities.
- Applicant must clearly articulate his/her passion for birding and birding related activities in their personal statement submitted with his/her application either by written statement or an eight slide power point presentation. This step will account for 70% of the selection process.
- Applicant must demonstrate commitment to birding by providing two letters of recommendation from adults that can confirm their interest in birding or bird related activity. This step of the process will account for 30% of the selection process.
- Applicants must commit to the financial statement and be willing to pay their required portion of the camp selected. The Committee will consider the candidate's financial need if the family financial information is provided. The Scholarship Committee will select the candidate that meets or exceeds expectations of the committee in all categories. In the event of a tie, the Chairperson of the Youth Birding Committee will select the candidate for the award.



# Delaware Valley Ornithological Club

Meetings are held at The Academy of Natural Sciences  
1900 Benjamin Franklin Parkway  
Philadelphia, PA 19103

Email to: [youthscholarship@dvoc.org](mailto:youthscholarship@dvoc.org)

## 2017 Adam Sabatine Memorial Scholarship Application

**ABA Camp Avocet ~ July 29 to August 4, 2017, The Virden Center – Lewes, Delaware**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of June 1, 2017 \_\_\_\_\_ Gender: Male  Female

Name of Parent/  
Legal Guardian \_\_\_\_\_

Parent/Guardian Address if different from yours

\_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email address \_\_\_\_\_

School Name \_\_\_\_\_ City/State \_\_\_\_\_

FINANCIAL INFORMATION (Optional)

Family Annual Income Total  Under \$30,000  \$30,001 - \$50,000  
(please check appropriate box):  \$50,001 to \$70,000  \$70,001 to \$90,000  Over \$90,000

Are there any special or financial circumstances we should consider when reviewing your application. If yes, please explain (All information you provide is confidential). Attach additional page if room is needed.

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Statement of Commitment: I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I accept financial responsibility for transportation to and from the camp. I also consent that my picture may be taken and used for any purpose deemed necessary to promote DVOC’s youth birding program and the DVOC Adam Sabatine Memorial Scholarship program.

Applicant \_\_\_\_\_ Parent/  
Signature \_\_\_\_\_ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

List special honors received: \_\_\_\_\_

Please list your community service activities, hobbies, outside interests and extracurricular activities:

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How did you become exposed to birding? (Who introduced birding to you?) Describe an early birding experience \_\_\_\_\_

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Do you have a family member or a friend who is a member of the DVOC?  Yes  No

Name of member \_\_\_\_\_

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