

APPLICATION FOR SCHOLARSHIP



NAME _____ DATE OF BIRTH _____

ADDRESS _____
STREET TOWN STATE ZIP

TELEPHONE NO. _____ EMAIL _____

HIGH SCHOOL _____

G.P.A. _____ SAT SCORES _____ ACT SCORES _____

COLLEGE ATTENDING (if applicable) _____

COLLEGES TO WHICH YOU ARE APPLYING _____

ANTICIPATED AREA OF STUDY _____

SOCCER TEAM(S) _____

EXTRA CURRICULAR ACTIVITIES

VOLUNTEER/COMMUNITY SERVICE WORK

ACADEMIC AWARDS

ATHLETIC AWARDS

ADDITIONAL INFORMATION YOU FEEL IS PERTINENT (add pages if necessary)

I hereby certify the above information is true and accurate.

SIGNATURE

DATE

REQUIREMENTS:

- Each candidate must complete and submit this Application for Scholarship and supporting documentation on or before **June 1st**.
- Each Candidate must write and submit an essay of no more than 500 words on how the game of soccer has positively influenced their lives.
- Each Candidate must have been a player registered with Massachusetts Youth Soccer for at least the past 2 years.
- Each Candidate must be a high school senior who will be attending a post-secondary school.

SUBMIT APPLICATION TO:

Michael Borislow, Executive Director

By email: MBorislow@mayouthsoccer.org

By Mail: Massachusetts Youth Soccer, 512 Old Union Turnpike, Lancaster, MA 01523