

# 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 1<sup>st</sup>**.
- 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](mailto:MBorislow@mayouthsoccer.org)**

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