

# WESA SCHOLARSHIP APPLICATION - Page 1 of 2

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ email address: \_\_\_\_\_

**FAMILY INFORMATION:**

Father/Guardian Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**HIGH SCHOOL INFORMATION:** CLASS RANK \_\_\_\_\_ OUT OF \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GPA \_\_\_\_\_ OUT OF \_\_\_\_\_

POSITIONS OF RESPONSIBILITY (Peer leader, Student Government): \_\_\_\_\_

\_\_\_\_\_

ACADEMIC HONORS \_\_\_\_\_

\_\_\_\_\_

CLUBS/ORGANIZATIONS \_\_\_\_\_

\_\_\_\_\_

H.S. SOCCER SPORTS/SPORTS AWARDS/ACHIEVMENTS \_\_\_\_\_

\_\_\_\_\_

OTHER H.S. SPORTS/SPORTS AWARDS/ACHIEVMENTS \_\_\_\_\_

\_\_\_\_\_

**WEST END SOCCER ASSOCIATION INFORMATION:**

YEARS PLAYED IN WESA \_\_\_\_\_

CURRENT OR LAST WESA TEAM AND SEASONS PLAYED \_\_\_\_\_

\_\_\_\_\_

OTHER WESA TEAM AND SEASONS PLAYED:

| COACH | TEAM  |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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**COMMUNITY SERVICE INFORMATION:** Please indicate service activity and the number of service hours provided each year through your school and/or Community based volunteer activities.

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**OTHER INFORMATION (INCLUDING NEED FOR ASSISTANCE):**

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**COLLEGES OR UNIVERSITIES YOU PLAN ON ATTENDING:** (Indicate if were recruited and which sport you plan on playing at this college/university}

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**APPLICANT ESSAY** (200 to 300 word total): How has your participation in the West End SA and the game of soccer prepared you for the academic, athletic and social demands of high school and college? How do you foresee these experiences and values influencing your life in college and beyond?

**REFERENCES THE SCHOLARSHIP COMMITTEE MAY CONTACT:**

|                                     | <u>NAME</u> | <u>PHONE</u> |
|-------------------------------------|-------------|--------------|
| HIGH SCHOOL COUNSELOR               | _____       | _____        |
| HIGH SCHOOL SOCCER COACH            | _____       | _____        |
| HIGH SCHOOL COACHES<br>SPORT(_____) | _____       | _____        |
| SPORT(_____)                        | _____       | _____        |
| COMMUNITY<br>SVC LEADER             | _____       | _____        |

LETTERS FROM THE ABOVE ATTACHED TO THE APPLICATION ARE ENCOURAGED,  
ALTHOUGH NOT MANDATORY.

**PLEASE INCLUDE A COPY O FYOUR HIGH SCHOOL TRANSCRIPT.**

Applicant's Signature / date

Parent (Guardian) Signature / date

Return by April 25th to

WESA-Academic Scholarship Committee  
P.O. Box 7093  
Ewing, NJ 08628