

**WEST END SOCCER ASSOCIATION**  
**CITIZENSHIP SCHOLARSHIP APPLICATION**

CONFIDENTIAL INFORMATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWNSHIP \_\_\_\_\_ ZIP \_\_\_\_\_

What years did you actively participate in the West End Soccer Association program? Give the name of teams and coaches. (To be eligible for the citizenship scholarship you must have participated at least 5 years in the league before reaching the age of 16.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FATHER/GUARDIAN NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

MOTHER/GUARDIAN NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

**OTHER MEMBERS OF HOUSEHOLD**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>AGE</b>	<b>SCHOOL/COLLEGE</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School you are presently attending:

\_\_\_\_\_

Schools you are interested in attending:

\_\_\_\_\_  
\_\_\_\_\_



