

WEST END SOCCER ASSOCIATION
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 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

NAME	RELATIONSHIP	AGE	SCHOOL/COLLEGE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School you are presently attending:

Schools you are interested in attending:

Schools you have applied to:

Schools you have been accepted to:

Present Scholastic Standing (Class Rank) _____
(attach copy of latest transcript)

What course of study do you plan to pursue? _____

EXTRA-CURRICULAR/COMMUNITY ACTIVITIES AND/OR JOBS
