

ARROWHEAD YOUTH SOCCER ASSOCIATION SCHOLARSHIP

This scholarship, in the amount of \$1,000 each, will be awarded to two graduating high school seniors who have participated in Arrowhead Youth Soccer Association or a similar soccer program during his or her youth. The award will be presented upon proof of completion of the first term at a post-secondary school.

There are no restrictions on application for this scholarship on the basis of race, gender, color, creed, employment, or employment of relatives.

Name of Applicant _____

Address _____ Telephone _____

Name of High School _____

Where do you plan to attend school and when do you plan to enroll? _____

What are your educational goals? _____

List your soccer involvement with AYSA, other soccer clubs, or high school team in grades 7-12.

List other activities (athletics, clubs, volunteer organizations) in which you are involved, including offices held.

What is your current High School GPA? _____

If you are employed, list:

Employer

Type of Work

Dates of Employment

Do you plan to work during the next school year? _____ Have you applied for other scholarships? _____

Are you a confirmed recipient of other scholarships? _____ If yes, please list:

What has your participation in soccer meant to you? (Use another sheet if needed.)

How do you see yourself supporting soccer in the future? (Use another sheet if needed.) _____

Applicant Signature

Date

RETURN COMPLETED APPLICATION BY FEBRUARY 28 TO:

Arrowhead Youth Soccer Association
3501 Grand Avenue
Duluth, MN 55807