**ARROWHEAD YOUTH SOCCER ASSOCIATION**

**COLLEGE SCHOLARSHIP**

This scholarship, in the amount of $500 each, will be awarded to two graduating high school seniors who have participated in Arrowhead Youth Soccer Association or a similar soccer program during their 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you plan to attend school and when do you plan to enroll? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your educational goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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What is your current high school GPA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are employed, list:

Employer Type of Work Dates of Employment

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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:

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

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

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Applicant Signature Date

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

**RETURN COMPLETED APPLICATION BY MARCH 31 TO:**

Arrowhead Youth Soccer Association

3501 Grand Avenue

Duluth, MN 55807

Or you can email a copy of the application to the Executive Director, Julien Bratek, at julien@arrowheadsoccer.com.