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 the 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?		
What are your educational goals?			
List your soccer involvement with AY	/SA, other soccer clubs, or high sc	hool 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	A?		

If you are employed, list:		
Employer	Type of Work	Dates of Employment
Do you plan to work during the next	school year? Have you ap	oplied for other scholarships?
Are you a confirmed recipient of othe	er scholarships? If ye	es, please list:
What has your participation in soccer	r meant to you? (Use another sheet	
How do you see yourself supporting s	soccer in the future? (Use another s	sheet if needed.)
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.