



SANDWICH SOCCER COLLEGE SCHOLARSHIP APPLICATION

REQUIREMENTS: MUST BE A GRADUATING SENIOR AND HAVE PARTICIPATED IN
SANDWICH SOCCER CLUB FOR AT LEAST 3 SPRING SEASONS

DEADLINE FOR APPLICATIONS IS APRIL 15, 2024.

COMPLETED APPLICATIONS CAN BE SENT TO INFO@SANDWICHSOCCER.ORG

TWO APPLICANTS WILL BE GIVEN \$1000 EACH, PRESENTED IN A CHECK TO THEIR
PARENTS/GUARDIANS. RECIPIENTS WILL BE ANNOUNCED BY MAY 1ST, 2024.

NAME: _____ EMAIL: _____

PHONE: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY/TOWN/ZIP: _____

HIGH SCHOOL ATTENDED: _____

GRADUATION DATE: _____ CLASS RANK: _____

PLEASE LIST ANY AWARDS OR HONORS YOU RECEIVED IN HIGH SCHOOL: _____

PLEASE LIST ANY ORGANIZATION(S) EITHER AFFILIATED WITH THE SCHOOL OR OUTSIDE OF SCHOOL YOU
PARTICIPATED IN: _____

HOW MANY YEARS DID YOU PLAY FOR SANDWICH SOCCER CLUB? WHO WERE YOUR COACHES?

WHAT HAS PLAYING SOCCER MEANT TO YOU AND HOW HAS YOUR EXPERIENCE BEEN WITH SANDWICH SOCCER CLUB? _____

PARENTAL INFORMATION:

MOTHER'S NAME: _____

FATHER'S NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

OCCUPATION: _____

OCCUPATION: _____

ARE YOU CURRENTLY WORKING? IF SO WHERE DO YOU WORK? WHAT IS YOUR JOB TITLE AND YOUR RESPONSIBILITIES?

HAVE YOU APPLIED FOR FINANCIAL AID? YES/ NO

I CERTIFY THAT ALL STATEMENTS OR INFORMATION I HAVE PROVIDED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE