

2018-19 WORCESTER YOUTH SOCCER SCHOLARSHIP AWARD

Name of Player _____

Home Address _____ City, Zip _____

High School: _____ Date of Birth _____

Name of Parent/Guardian _____

EMAIL: _____ @ _____ . _____

Phone (cell#) _____

Occupation of Parent(s)/Guardian: _____ / _____

Number of Dependent Brother(s) or Sister(s) _____

College Acceptation Letter: _____

Desired Major/Field of Study:

ON A SEPARATE PIECE OF PAPER

List Your Work Experiences: _____

What are your career goal(s)? _____

List any Extra-Curricular Activities in School such clubs, sports, etc....

What Are Your Out of School Interests / Hobbies? _____

WYSL Experience(s):

Please list the years played and coaches _____

Write a 1 – 3-page typed essay about your experience being part of the WYSL program. Be sure your name is on the essay.

Date _____ Applicant's (Parent if App) Signature _____

******Please ensure all information is accurate******

PLEASE ENCLOSE: Transcript, SAT/ACT Scores, letter of recommendation.

Please return applications to: WYSL PO Box 20763 Worcester MA. 01602 or email:
President@WYSL.ORG

DEADLINE: MONDAY, MAY 30, 2019