

Futsal Scholarship Application

Please print or type information – Additional sheets may be used if needed

Applicant Name _____

Which Scholarship are you applying for: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ Date of Birth _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

of brothers _____ Their ages _____ # of sisters _____ Their ages _____

Futsal Experience _____

Other Activities (explain) _____

High School _____ Year of graduation _____

College you plan to attend _____ State _____

Proposed major _____ Career goal _____

Are you applying for other scholarship monies? _____ yes _____ no

If yes, give details _____

Are you working? _____ yes _____ no If yes, where? _____

Average hours per week _____

1. Write a 500 word essay on how sports, particularly futsal has effected your life.
2. Submit 2 personal references – letters from coaches, teachers, community, or church personnel.
3. Tiebreaker information: Please include your GPA out of GPA Maximum possible, Class rank, and SAT or ACT scores (if available). (This information will be used only in the event of a tie between candidates.)

Submit this application with attachments, no later than August 31, 2017 to:

PA West Soccer Association, 111 Whitehead Lane, Suite 200, Monroeville, PA 15146
ATTN: Futsal Committee