

Norm Hasbrouck Memorial Scholarship Application

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

Applicant Name _____

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 _____

Soccer Club (s) _____

Years with club (s) _____ As a player _____ referee _____ other _____

High School _____ College you plan to attend _____

Have you been accepted to this college? _____ yes _____ no

Have you applied to the college for a scholarship? _____ yes _____ no

Have you been approved for this scholarship? _____ yes _____ no

What is the amount of the scholarship? _____

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 _____

Please answer the following questions on a separate sheet of paper – type or print only

1. How are you involved in soccer now?
2. State your achievements in school. Include your extracurricular activities, clubs, offices held, or any other school related experiences.
3. List any soccer, scholastic, athletic, personal or community honors you have received.
4. State the factors that indicated your financial need.
5. State any service you have performed for your community, church, school, soccer club, or other organization. State the duration of the service and how it helped you, as well as the organization.
6. Include other information you think may be helpful in your selection for this award.
7. State your feelings about the sport of soccer and what it has meant to you.
8. Submit personal references – letters from coaches, teachers, community or church personnel.
9. Tiebreaker information: Please include your GPA out of GPA Maximum possible, Class rank, and SAT or ACT scores. (This information will be used only in the event of a tie between candidates.)

Please indicate your family's income:

_____ Under \$25,000 _____ \$25-40,000 _____ \$40-55,000
_____ \$55-70,000 _____ Over \$70,000

Other family members in college? _____ yes _____ no If yes, How many? _____

Aid given by college? _____ yes _____ no If yes, Amount of aid _____

Scholarships? _____ yes _____ no If yes, Amount _____

Loans? _____ yes _____ no If yes, Amount _____

Submit this application with attachments, no later than June 1, 2025 to:

PA West Soccer Association, 111 Whitehead Lane, Suite 200, Monroeville, PA 15146
ATTN: Hasbrouck Memorial Scholarship Committee