

## **Plymouth Youth Soccer Association HS Scholarship Application**

Please complete all sections prior to June 1<sup>st</sup> of the current calendar year and mail to:

Plymouth Youth Soccer Association  
P.O. Box 960  
Plymouth, MA 02362

Candidate Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ e-mail \_\_\_\_\_

### **Terms and Conditions:**

The Plymouth Youth Soccer Association (PYSA) will award (3) \$750.00 scholarships this year. Each scholarship will be disbursed in equal amounts; scholarships will be awarded to at least (1) male graduating senior at local area High Schools and at least (1) female graduating senior at local area High Schools. Applicants must have played at least (2) seasons with PYSA during their High School career. PYSA will disburse the awards within 30 days of receiving a valid copy of the selected students' High school transcript. Decision of the PYSA Board of Directors is final.

### **Approval:**

Please acknowledge below that all the information contained in this application is true and that you have read and understand the Terms and Conditions.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Describe your participation in the various activities listed below. Please be complete and concise in all of your descriptions. Each of the categories show some examples of the type of information that is required. Use any additional sheets that you feel are necessary.

**I. Academics:** Senior year midyear transcripts must be submitted

**II. Plymouth Youth Soccer Association Participation:**

List **each season** that you participated. Activities to be included are playing, coaching, concession, refereeing, volunteering etc. from Kindergarten to Senior year in high school. List all coach's licenses you have as well as travel referee patches.

**EXAMPLE :**      **Spring 01**                      **Referee**                      **Intown**                      **All**                      **PYSA**

| <u>Season</u> | <u>Activity</u> | <u>Program</u> | <u>Age Group</u> | <u>Association</u> |
|---------------|-----------------|----------------|------------------|--------------------|
| Fall          | Player          | Intown         | Kindergarten     | PYSA               |
| Spring        | Referee         | Travel         | To               |                    |
|               | Volunteer       |                | Senior           |                    |
|               | Concession      |                |                  |                    |
|               | Coach           |                |                  |                    |

|    |       |       |       |       |
|----|-------|-------|-------|-------|
| 1  | _____ | _____ | _____ | _____ |
| 2  | _____ | _____ | _____ | _____ |
| 3  | _____ | _____ | _____ | _____ |
| 4  | _____ | _____ | _____ | _____ |
| 5  | _____ | _____ | _____ | _____ |
| 6  | _____ | _____ | _____ | _____ |
| 7  | _____ | _____ | _____ | _____ |
| 8  | _____ | _____ | _____ | _____ |
| 9  | _____ | _____ | _____ | _____ |
| 10 | _____ | _____ | _____ | _____ |
| 11 | _____ | _____ | _____ | _____ |
| 12 | _____ | _____ | _____ | _____ |
| 13 | _____ | _____ | _____ | _____ |
| 14 | _____ | _____ | _____ | _____ |
| 15 | _____ | _____ | _____ | _____ |
| 16 | _____ | _____ | _____ | _____ |
| 17 | _____ | _____ | _____ | _____ |
| 18 | _____ | _____ | _____ | _____ |
| 19 | _____ | _____ | _____ | _____ |
| 20 | _____ | _____ | _____ | _____ |
| 21 | _____ | _____ | _____ | _____ |

**III. Recommendations:**

Identify the non-relative who will be submitting a recommendation.

Name: \_\_\_\_\_

**IV. Explain the impact that participating in the PYSA program has had on you or describe in detail the volunteer activities you performed for PYSA and the impact you had on PYSA**