



Stafford Soccer
Student Athlete Scholarship Application
In partnership with Stafford Hospital



Stafford Hospital

Please complete all sections of the application.

The deadline for submission is midnight on May 1st, 2020

Dear Applicant:

Thank you for your interest in the Stafford Soccer Student Athlete Scholarship Application, in partnership with Stafford Hospital.

When complete, your application should be emailed to tournamentdirector@staffordsoccer.com

In fairness to all applicants, **we will not consider any applications received after midnight on May 1st, 2020.**

1. Applicants must be high school seniors planning to attend a college.
2. Applicants must be a registered Stafford Soccer player during the Fall 2019 season, or registered for the Spring 2020 season.
3. Applicants must be pursuing a degree in a medical related field (Pre-med, Athletic Training, Occupational Therapy, Nursing, Psychiatry, etc.)
4. The application must be completed in full; incomplete applications will not be eligible for consideration.
5. Recipients will be asked to attend the Annual Scholarship recognition night, which will be held in June. Details will be provided to recipients.
6. Applications must be received by midnight on May 1st, 2020.

Thank you again for your interest! If you have any questions or comments regarding this Scholarship, please email tournamentdirector@staffordsoccer.com or call 571-237-9774.

SECTION 1 – PERSONAL INFORMATION

Name:	Date of Birth: M <input type="checkbox"/> F <input type="checkbox"/>
Address:	Alternate address:
Phone:	Cell Phone:
Email address:	
Please list your intended area of study related to a medical field:	



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SECTION 2 – ACADEMIC INFORMATION

Name of High School: _____

GPA: _____

High School Rank: _____ out of _____

SAT/ACT Scores: _____

Anticipated major(s): _____

Did you play in the Travel Division: _____ or Recreational Division: _____

SECTION 3 –ACTIVITIES AND INTERESTS

A. List and briefly describe your high school extracurricular activities (e.g. memberships in organizations, sports, etc.):

Organization	Position Held	Date of Involvement

Brief description of your responsibilities / position:



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B. List and briefly describe volunteer activities in which you have been involved:

Did you volunteer at the St. Patrick's Day Soccer Tournament during your High School Years?

If yes, please provide details:

Organization	Activity	Date of Involvement

Brief description of how you participated:

C. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

Award/Honor	Institution/Organization	Date



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SECTION 4 – ESSAY

MAXIMUM word count: 100 per question for questions **A & B**. **C = Main Essay - 500 word MINIMUM**

A. Why did you choose the College/University, or Higher Learning Institute you are planning on attending?
(100 words maximum):

B. What impact has participating in Stafford Soccer had on your life? (100 words maximum):



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C. Please write an essay (**MINIMUM 500 words**) on this topic “Which medically related degree do you plan on pursuing; and why?”

Please attach this essay to application.

Submitting your application (*PDF is preferred*)

All questions must be answered. If you do not have an answer, please fill in: N/A

Please submit the following to be considered for the Stafford Soccer scholarship:

- 1. Completed application form**
- 2. Letter(s) of recommendation**

This application is due no later than midnight on Friday May 1st, 2020

Please email your documents to: tournamentdirector@staffordsoccer.com

Please reach out if you are having any submission issues prior to the deadline.