



Bridgewater Youth Soccer Association Scholarship Form

Today's Date: _____

Name of High School Currently Attending: _____ Class Rank: _____ out of _____

Applicant's Name: _____ Telephone #: _____

Address: _____ Date of Birth: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Brothers and Sisters (with ages): _____

How much money have you saved for college? _____

To what extent are your parents able to assist you? _____

Which colleges have you applied to? _____

Which colleges have you been accepted to? _____

List your work experience: _____

List extra-curricular activities: _____

What year(s) did you play soccer for Bridgewater Youth Soccer? _____

What volunteer work did you do for Bridgewater Youth Soccer? _____

Did your parents volunteer? _____ If so, what and when? _____

ELIGIBILITY: Please submit a statement indicating your qualifications for a Bridgewater Youth Soccer Scholarship.

(Use back if needed)

ALL APPLICATIONS should be postmarked by **April 10, 2020** and mailed to **BYSA, P.O. Box 562, Bridgewater, MA 02324**