

Lexington Soccer Association Scholarship Application

Name: _____

Phone: _____

Address: _____

Parent/Guardian: _____

College/Tech School _____ Accepted? Yes No

Please provide a brief summary of your educational plans:

Name the two people who will be submitting letters of recommendation:

1. _____

Phone: _____

2. _____

Phone: _____

Certification: I hereby certify that the information in this application is accurate and may be used with information from my school record (GPA, class rank, standardized test scores, etc.) to evaluate my candidacy for this scholarship.

(Applicant's Signature)

(Date)

(Parent/Guardian Signature)

(Date)

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High School And Community Activities

Please list any school and community activities and clubs or organizations that you have participated in during your high school years:

Organization

Years Involved

Position Held

List any awards or special recognition that you have received in school or our community:

The space below is provided for you to include any other information that may be beneficial in the scholarship committees' consideration of your application:

Please list the years that you participated on a team associated with the Lexington Soccer Association. The Lexington Soccer Association will check rosters to ensure eligibility.

Year started: _____

Last year of participation: _____

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Scholarship Personal Reference

The Lexington Soccer Association is awarding a total of four scholarships valued at \$1,000 (2) and \$500 (2) to deserving members of the senior class who plan to further their education by going to an accredited college or technical school. These scholarships are not awarded solely on the student's athletic ability. The student is requesting your cooperation by evaluating them using the following questions. **You may choose to provide the recommendation on a separate paper but be sure to address the questions outlined below. This letter of recommendation should be returned to the student.** The recommendation will be submitted with the student's scholarship application by deadline listed on website.

Thank you,
Lexington Soccer Association

Applicant's Name: _____

How long have you known the applicant and in what capacity?

What are your impressions of the applicant's character and personality?

What is your appraisal of the applicant's potential and advancement in post high school education?

Signature: _____

Date: _____

Position: _____

Phone: _____

Address: _____