

AGAWAM SOCCER ASSOCIATION
Sullivan Family Scholarship
www.agawamsoccer.org

Student's Name: _____ Telephone Number: _____

Address (street): _____
(city, state & zip): _____

Date of Birth: _____ Current GPA: _____ Class Rank: _____ NHS: Y / N

Father's Name: _____ Mother's Name: _____

Employed By: _____ Employed By: _____

of Family Members: _____ # Living at Home: _____ # Currently Enrolled in College: _____

Have you and/or your parents ever participated in ASA Programs? Yes / No

Player (who): _____ # of years: _____

Coach (who): _____ # of years: _____

Referee (who): _____ # of years: _____

Other (who): _____ Position _____ # of years: _____

In what capacity and in which years did you participate in extra-curricular soccer related activities:

Have you received, or do you expect to receive any other financial assistance? Yes / No

If so, from what other source?: _____

Which college do you plan to attend?: _____

Have you been accepted? Yes / No What is your intended major?: _____

Criteria for applying: All applicants must be seniors who have participated in ASA soccer as a player and/or other ASA soccer related activity, such as coaching, assistant coaching and/or refereeing. Applicant must have had a parent or close relative who participated in Agawam Soccer as a: coach, asst coach, board member, or tournament volunteer.

A grade average of "B" or higher must be maintained.

Deadline for submission: APRIL 1st

**Please mail completed application to: AGAWAM SOCCER ASSOCIATION
P O BOX 442
FEEDING HILLS, MA 01030**

On the back of this form, or on a separate attached page, please describe in detail any circumstances which may assist us in evaluating your application and a brief essay on "Why I Think I Deserve This Scholarship". You may also use the back of this form to complete any answers from above.