



South County Youth Soccer Club

148 High St. Unit #1
Wakefield, RI 02879
Phone: 401-782-8200
Email: scysc1@gmail.com

2019 COLLEGE SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: April 15, 2019

Mail Completed Application to:

SCYSC College Scholarship
148 High St. Unit #1
Wakefield, RI 02879

For questions, call 782-8200.

PLEASE PRINT OR TYPE:

Last Name: _____ First Name: _____

Address: _____

Phone: _____

Email: _____

NOTE : *Do not put your name or address on any other page of your application. For answers to questions you may use additional paper---must be typed, however.*

Winners will be notified by email and requested to submit a photograph that will be posted to the SCYSC website.

Please continue on Page Two.

For Office Use Only
Code



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SCYSC 2019 COLLEGE APPLICATION (page 2)

Your Age: _____ Gender: Male _____ Female _____

High School: _____

Name(s) of College/University to which you have applied:

- 1. _____ Accepted (Y/N) _____
- 2. _____ Accepted (Y/N) _____
- 3. _____ Accepted (Y/N) _____
- 4. _____ Accepted (Y/N) _____

1. Including this year, how many years have you played for SCYSC? _____

2. List the names of your coaches and teams in the divisions listed below.
These can be recreational and/or competitive teams.

Under 8 _____

Under 10 _____

Under 12 _____

Under 14 _____

Under 16 _____

Under 17/19 _____



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SCYSC 2019 COLLEGE APPLICATION (page 3)

3. Indicate other ways that you participated in SCYSC (volunteering and/or being paid) and the length of time of this participation (for example referee, coach, Seaside)

4. Indicate any other community service that you have performed as a volunteer. Indicate dates and types of service.

5. On a separate page(s), write an essay, not exceeding 500 words.

“What have you learned during your participation in SCYSC and how will you use it in your future?”