

**2019 LIVONIA SOCCER CLUB  
RECOGNITION AWARD**

**Scholarship Application**

Two, \$500 Scholarships will be awarded. Applications should be mailed to LSC Scholarship; PO Box 445, Livonia, NY 14487 by **May 1, 2019**. Winning applicants will be notified prior to the High School Scholarship Awards Ceremony in May. Note that further information or interview may be required to determine the scholarship winner.

Please Type or Clearly Print answers to all questions. All information will remain confidential.

***Personal Information***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

***Scholastic Information (Grades 9-12)***

Applicant's Grade Point Average: \_\_\_\_\_

What are your plans after HS graduation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Soccer Information (use additional paper if necessary)***

Outline your participation with LSC (years played, accomplishments, awards, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your future soccer plans?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly, state the influence soccer has had on your life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_