

DON WATSON SCHOLARSHIP \$1,000 AWARD

Don Watson was a pivotal part of the growth and development of soccer in the Southern Maryland community. For 25 years, Don cultivated and mentored youth and adult referees to ensure fair and safe games regardless of the competitive level or format. His dedication to our community was incomparable. For these reasons, the board of directors for FC Charles 1658, La Plata Youth Soccer Association (LPYSA) and Waldorf Soccer Club are proud to sponsor a scholarship in honor of Don Watson.

One winner will be selected to receive this award by a panel of judges. Applicants must meet the following criteria:

- Must be a Senior graduating at the conclusion of the 2021-2022 school year.
- Must be a Charles County resident.
- Must have been a Capitol Area Soccer Referee Association (CASRA) referee for a minimum of two years. Applicant does not currently have to be a referee.
- Must have a cumulative, weighted GPA of at least a **3.00**.
- A short 60-120 second video telling us why you became a referee and what benefit you received from it. We would like to share the video(s) to promote becoming a referee.
- Picture of applicant in a referee uniform.

This non-renewable scholarship must be used within one year of receipt at a two or four year accredited college, university or technical school. It will be paid directly to the educational institution. It must be applied to tuition and/or books.

Applications will be reviewed by a panel of judges selected by the board of directors from FC Charles 1658, LPYSA, and Waldorf Soccer Club. They may include, but are not limited to:

- Representative of the Watson family
- Board members from FC Charles 1658, LPYSA and Waldorf Soccer Club
- Member of CASRA

Applications will be judged on the GPA, Video, and Officiating experience. **Applications must be complete, legible, signed and dated by the deadline.** Applications must be sent to president@lpsoccer.org and president@waldorfsoccer.com when completed.

DON WATSON SCHOLARSHIP APPLICATION

Name in Full: _____

Name of Parent/Guardian: _____

Mailing Address: _____

Phone Number: _____

Valid Email Address: _____

Educational Institutions Applied For:	Accepted Yet:	Y	No
_____		<input type="radio"/>	<input type="radio"/>
_____		<input type="radio"/>	<input type="radio"/>
_____		<input type="radio"/>	<input type="radio"/>

Name of Institution(s) and acceptance will not be considered in judging process.

Referee Participation: Please answer the following questions about your experience as a soccer referee.

Years Officiating: _____

Favorite Officiating experience: _____

Recommendations: You must attach two Letters of Recommendation.

Transcripts: You must provide a **SEALED copy of your school transcripts** that **include at least one semester of senior grades.**

Signature: _____ Date: _____

APPLICATION DEADLINE: MAY 10TH, 2022

For Board Use:

CHECKLIST:

- _____ First Recommendation
- _____ Sealed Transcript
- _____ Application Signed/Dated
- _____ Video Submission
- _____ Picture