

West Brazos Soccer Club Scholarship Application

Program Guidelines:

1. Applicants must have played soccer or worked as a Referee for at least 2 years at West Brazos Soccer Club.
2. Applicants may only apply during their senior year and must graduate from high school at the conclusion of the school year during which the application is submitted.
3. Completed applications must be returned before April 15th.
4. The scholarship awards will be announced in early May each calendar year.
5. Winners shall be present at your school's awards ceremony.
6. All decisions made by the West Brazos Soccer Club Scholarship Committee are final.
7. Each **complete** application will be evaluated based on the documents provided to the West Brazos Soccer Club Scholarship Committee. Only those applications meeting all program requirements will be considered.
8. It is the responsibility of each applicant to keep the Scholarship Committee apprised of any change of address and/or contact information. Failure to provide adequate information will disqualify an application.

Program Process:

Phase One:

- Complete the application following all instructions
- Obtain letters of recommendation from coaches, teacher, counselor and/or principal (minimum of two letters required and none can be written by a relative.) Letters should be original, sealed by the author in an envelope and submitted to the Scholarship Committee unopened
- Submit a copy of your high school transcript
- Mail all documents to:
West Brazos Soccer Club
Attn: Scholarship Committee
PO Box 1724
Brazoria, TX 77422

Phase Two:

- All applications meeting the program guidelines will be evaluated by the Scholarship Committee and a maximum of four winners will be selected.

Phase Three:

- Winners will be notified to attend the awards ceremony where a representative from the West Brazos Soccer Club Scholarship Committee will present the award.

Administering Awarded Scholarships:

Scholarship funding will be administered by the West Brazos Soccer Club. 100% of the award amount will be distributed to each recipient upon submittal of proof of enrollment in an accredited college or university to the Scholarship Committee. Proof shall consist of receipts for tuition, books, school fees. Failure to provide this information **by October 15th of the year in which the scholarship is awarded** will result in forfeiture of the scholarship. Any scholarship awards forfeited will remain in the Scholarship Fund of West Brazos Soccer Club and may be considered for distribution to alternate scholarship winners at the Scholarship Committee's discretion.

West Brazos Soccer Club Scholarship Application

Applicant's Name	Applicant's Parents Name (complete if minor)
Address:	Address:
Phone #	Phone #
E-mail address:	E-mail address:

Did you play Soccer for WBSC?	How many years?	Did you Referee for WBSC?	How many years?	Are you playing soccer in college?
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Applicant's Current School: (Name, Address, Phone #)
Planned high school graduation date:
College where you plan to enroll (College Name, Address and Phone #)
Planned enrollment date:
Planned course of study or degree pursued:

What are your goals for education and initial employment?

What are your long term goals (10 years after graduation and beyond?)

Give a brief description of your school and social activities and achievements (i.e. Scholastic awards, clubs, offices held, hobbies, special talents and/or interests)

Please list volunteer activities in which you have participated:

 I acknowledge and understand to be considered for the West Brazos Soccer Club Scholarship Program I must complete and submit all the required information within the time frame allotted.

 I also understand I must be present at the awards ceremony to accept any scholarship funding.

 It will be my responsibility to keep West Brazos Soccer Club apprised of any change of address and/or contact information. Failure to provide adequate information will disqualify my application.

 I have read and understand the program guidelines, requirements and funding process.

Applicant's Signature _____

Date _____

Parental Authorization/Consent: I, _____, authorize the applicant of this scholarship to participate in all phases of the scholarship program. I further understand it is my responsibility as the applicant's parent to ensure their security and safety while performing and/or engaging in the scholarship process.

Parent's Signature

Date

Administrative Area:

Phase One documents received: ___/___/___ by _____

* Accepted * Rejected Notes: _____

Scholarship Application reviewed by Committee: ___/___/___

Application Review Decision: Scholarship Awarded \$ _____

No Scholarship Awarded

Winners notified on: ___/___/___ by _____