

Herndon Youth Soccer
PO Box 464
Herndon, VA 20172
herndonyouthsoccer.org

APPLICATION FOR SCHOLARSHIP

Name:			Date of Birth:	//
Address:				
Phone:	Email Address			
What high school will you graduate for	rom?			
What college, university or post-seco	ndary institution are you p	anning to atte	nd?	
Are you currently (this spring) playing	ng soccer? Please circle:	YES	NO	
If yes, name of club:	Name of team:			
ESSAY: On a separate piece of pape	er, please answer the follo	wing:		
 List the Herndon Youth Socce include playing rec and/or tra 				
2. Choose one area of your involutional this activity has contributed to one page, typed and double specifications.	o your personal growth and			
			/	_/
Applicant Signature		D	ate	

RETURN YOUR APPLICATION, ESSAY AND YOUR HIGH SCHOOL TRANSCRIPT TO: HYS SCHOLARSHIP, PO BOX 464, HERNDON, VA 20172

DEADLINE IS APRIL 30TH.