



UTAH YOUTH SOCCER ASSOCIATION

4476 S. Century Drive, Ste. D
Salt Lake City, Utah 84123
Phone (801) 268-3365 Fax (801) 268-3415
www.utahyouthsoccer.net



UYSA COLLEGE SCHOLARSHIP APPLICATION

General Information to Applicants:

1. This program, of college tuition awards, is supported and administered by the Utah Youth Soccer Association.
2. The scholarships are in the form of tuition awards of \$500 and are to be used toward expenses in an accredited college, university, or community college. Two scholarships, one to a male soccer player and one to a female soccer player, will be awarded to two players from each district.
3. This program is open to Utah soccer players who are registered to a UYSA affiliated club and are graduating high school seniors.
4. Successful applicants are recognized at a formal awards presentation during the Annual UYSA Recognition Banquet.
5. All applicants receive notice of the final disposition of their applications as soon as practicable after the selection process is complete.
6. Awards are contingent upon proof of acceptance and enrollment in an academic or vocational program at an accredited college, university, or community college with a minimum course load of 12 credits/units (full-time status).

Application Requirements:

Applicant **must submit** the following to the Utah Youth Soccer Association and must be received at the address listed below **NO LATER THAN DECEMBER 18th, 2009**.

1. A completed application form.
2. A photo – approx. 2 ½ X 3 ½ (Winners will be featured on the UYSA Web-site).
3. A copy of your official high school transcript (including ACT and/or SAT scores).
4. One page letter of self recommendation which includes your athletic achievements, honorary or special interest organizations, community involvement, course of study you plan to pursue, awards or scholarships you have received, and a brief description of any way in which you have given back to soccer (i.e. coach, referee, etc.). Please include endorsement from soccer coaches, teammates or other soccer entities.
5. Financial need is not a key issue but it will be considered.
6. You must carry a cumulative GPA of at least 2.75, and must be preparing to attend an accredited college, university, or community college, or other institution of higher learning.
7. Applications will be accepted from all eligible UYSA players regardless of the school they have attended or whether or not their school or district has varsity soccer. You do not have to play college soccer to apply.

You must apply for this scholarship yourself, returning the requested material to:

**UYSA College Scholarship
C/O Utah Youth Soccer Association
4476 S. Century Drive, Ste. D
Salt Lake City, Utah 84123**

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Please read all information and directions before filling out this portion of the application. (attach extra sheets as needed)

PERSONAL

Last Name: _____ First Name: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ DOB: _____ Male Female

E-mail Address: _____

Major/Vocational Goal: _____

Career Goal: _____

EDUCATION

Name of High School: _____

Address: _____ City: _____

Graduation Date: _____ 2009 Cumulative GPA: _____

S.A.T. Score: _____ ACT Score: _____

COLLEGE/UNIVERSITY ADMISSION

College/University: _____ Applied Accepted

Contact Person or Student Aid Officer: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

College/University: _____ Applied Accepted

Contact Person or Student Aid Officer: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

College/University: _____ Applied Accepted

Contact Person or Student Aid Officer: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

SOCCER ACTIVITIES

Name of High School: _____

Years of High School Soccer: _____

Years of Soccer Experience as a Referee (Detail Briefly)

Years of Soccer Experience as a player (Detail Briefly)

UYSA AFFILIATED CLUB TEAM (List most recent first)

Year(s)	Club/Team Name	Age/Classification
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

COMMUNITY ACTIVITIES (Please Detail)

WORK RECORD LAST 5 YEARS (Employer, Dates, Duties)

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OFFICE USE ONLY:

Date Received: _____

APP NUM: _____