



EWING UNITED SOCCER ASSOCIATION SCHOLARSHIP APPLICATION

The Ewing United Soccer Association is offering scholarships to graduating High School students who are matriculating to post-secondary educational institutions.

To be eligible for the scholarship, the students must have participated in the Ewing United Soccer Association for a minimum of 4 years.

A Scholarship Sub-Committee has been established to select the best qualified applicants based on written applications and participation in EUSA. The selected applicants will be notified by a member of the Scholarship Sub-Committee and arrangements will be made for a formal presentation, if possible, at the student's Senior Awards Ceremony for their respective high school.

Please complete the application and give it to your Guidance Counselor to complete the last page. Provide the counselor with an addressed stamped envelope to send the application to EUSA at the below address.

EWING UNITED SOCCER ASSOCIATION
PO BOX 7093
WEST TRENTON, NJ 08628

APPLICANTS NAME _____

ADDRESS _____

EMAIL ADDRESS _____ PHONE _____

PARENTS OR GUARDIANS NAME AND ADDRESSES (IF DIFFERENT)

FATHER _____ MOTHER _____

ADDRESS _____ ADDRESS _____

OCCUPATION _____ OCCUPATION _____

OTHERS IN HOUSEHOLD _____

CAREER INTERESTS _____

FIELD OF STUDY (IF KNOWN) _____

WHERE DO YOU PLAN TO APPLY, AND IF ACCEPTED, PLEASE INDICATE THE APPROPRIATE ANSWER IN THE SPACE PROVIDED?

LIST THE NAMES OF THE SCHOOLS:

NAME	APPLIED	Y	N	ACCEPTED	Y	N
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HAVE YOU RECEIVED ANY OTHER FINANCIAL GRANTS?	Y	N
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WILL YOU BE RECEIVING ANY OTHER SCHOLARSHIPS?	Y	N
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WOULD YOU BE AVAILABLE FOR AN INTERVIEW?	Y	N
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PLEASE LIST ALL SCHOLASTIC, ATHLETIC AND COMMUNITY RELATED ACTIVITIES THAT YOU PARTICIPATED IN DURING THE PAST 4 YEARS.

ACTIVITY

OF YEARS

AWARDS, HONORS

DESCRIBE WHAT CHARACTERISTICS YOU POSSESS THAT MAKE YOU A GOOD CANDIDATE FOR THIS SCHOLARSHIP. (300 WORDS OR LESS; INCLUDE EUSA TEAMS ASSOCIATED WITH).

I HEREBY AUTHORIZE THE RELEASE OF A TRANSCRIPT OF MY SCHOOL RECORDS, AND ANY OTHER PERTINENT INFORMATION TO THE EUSA SCHOLARSHIP COMMITTEE. PLEASE INCLUDE LETTERS OF ACCEPTANCE.

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

TO THE GUIDANCE COUNSELOR:

PLEASE RATE APPLICANTS' QUALITIES AS LISTED BY PLACING A CHECK MARK IN THE APPROPRIATE SPACE. INDIVIDUAL ESTIMATES OF SEVERAL TEACHERS MAY BE INCLUDED.

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
INTELLECTUAL CURIOSITY			
COOPERATIVENESS			
INITIATIVE			
ENTHUSIASM/PASSION			
CONFIDENCE			
LEADERSHIP			

DO YOU RECOMMEND THE APPLICANT FOR SCHOLARSHIP CONSIDERATION?

YES _____ NO _____

GUIDANCE COUNSELOR NAME

GUIDANCE COUNSELOR SIGNATURE

PLEASE SEND THE COMPLETED FORMS TO:

EWING UNITED SOCCER ASSOCIATION

PO BOX 7093

WEST TRENTON, NJ 08628