

**Cloquet Youth Soccer Association
Student Scholarship Application form**

General Information

Name: _____

Address: _____

Telephone number: _(____)_____

Email address: _____

Date of birth: _____

Gender: M F

Name of High School: _____

Potential field of study: _____

Award amount \$500 for one male and \$500 for one female.

Please answer the following questions:

I have participated in the Cloquet Youth Soccer Program as either a player or referee. Yes No

- If yes, list the number of years _____

What is your current High School GPA? _____

If necessary, you agree to release a copy of your High School transcript. Yes No

Please list other activities (athletics, clubs, volunteer organizations) in which you are involved, including offices held and awards given.

Briefly describe how this scholarship will benefit you and assist you in meeting your educational goals.

Briefly describe what your participation in soccer has taught you that will help you in the future.

Applicant Signature: _____ Date _____

Return completed application by April 15th to:
Cloquet Youth Soccer Association. Email application to
rita@cloquetyouthsoccer.com or mail to PO Box 245
Cloquet, MN 55720