



SCHOLARSHIP APPLICATION

**Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **High School** \_\_\_\_\_ **College** \_\_\_\_\_  
\_\_\_\_\_

**Intramural Experience** \_\_\_\_\_ **Travel/Interleague Experience** \_\_\_\_\_  
\_\_\_\_\_

**In a brief paragraph describe a minimum of twenty five (25) hours volunteered to the West Islip Soccer Club, or other West Islip Soccer Club activities**

By signing below you are certifying the accuracy of the above information

Parent(s) \_\_\_\_\_

Board Members \_\_\_\_\_

