

**LIVONIA SOCCER CLUB
RECOGNITION AWARD
Scholarship Application**

Applications should be mailed to LSC Scholarship, PO. Box 445, Livonia, NY 14487 by March 1 of the year the player graduates high school. Winning applicants will be notified at High School Graduation. Note that further information or an interview may be required to determine the scholarship winner.

Please Type or Clearly Print answers to all questions. All information will remain confidential.

Personal Information

Last Name: _____ First Name: _____ MI: _____

Address: _____

Home Telephone: _____ Email Address: _____

Scholastic Information (Grades 9 - 12)

Applicants grade point average: _____

What are your plans after HS graduation?

Soccer Information (use additional paper if needed)

Outline your participation with LSC (years played, accomplishments, awards, etc.).

What are your future soccer plans?

Briefly state the influence summer soccer had on your life?

Applicant Signature: _____ Date: _____