

WOBURN YOUTH SOCCER

2024 SCHOLARSHIP APPLICATION

Eligibility: **Must** have participated in the Woburn Youth Soccer Program.

Criteria: Participation, Contributions to the Program, Other Activities, Community Services and Academics, in no particular order.

Instructions: Please complete the information requested below in the space provided or on additional pages and return along with your **High School transcript** issued by your High School Guidance Department, **postmarked** no later than **April 5, 2024**, to **Woburn Youth Soccer**, Attn: Scholarship Committee, PO Box 2054, Woburn, MA 01888-2054.

NAME: _____
Last First

ADDRESS: _____

TELEPHONE: _____

Number of Years Participated in Woburn Youth Soccer: _____
Please indicate first and last year of participation: _____/ _____

List other contributions or volunteer time to Woburn Youth Soccer:

SCHOOLS APPLIED TO: Please indicate if you have been accepted / attending.

_____	_____
_____	_____
_____	_____

List all other extra-curricular activities you participated in during your High School years, including awards, clubs, sports, work, etc. Please feel free to attach any information you think will assist the committee in their selection process, including your school transcript.

In a brief essay, on a separate page, please describe what you learned by participating in the Woburn Youth Soccer Program.