



# LEE COUNTY SOCCER ASSOCIATION 20-21 SCHOLARSHIP



**ELIGIBILITY:** Limited to current high school graduation students who played high school soccer and played with LCSA between 2016 and 2021, with satisfactory academic standing and demonstration of community/family/social endeavors. This scholarship is to provide financial assistance in the form of a scholarship award to recognize the student’s potential for success and desire to make a difference. It can only be applied to an accredited institution, trade school, certification, or licensure program, and is for \$1,500.00

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Student’s Last Name, First Name, Middle Initial

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

1. Please attach a copy of your high school transcript (grades 9-12) **(20 points)**
  
2. Write a high school narrative resume to include your work and volunteer experience, community service, extra-curricular activities, and any/all honors or recognition you may have received. **(25 points)**
  
3. On another sheet of paper (1pg) please explain your future goals (career and educational). **(20 points)**
  
4. Finally, on another sheet of paper (1pg), please explain what skills have you learned from playing soccer that you would benefit from in your future **(20 points)**
  
5. Enclose 2 letters of recommendation from teachers, counselors, employers, or community members that can speak to your character and future potential **(15 points)**
  
6. Include this form in your submission.

**PRIVACY ACT STATEMENT:** The information requested is for the sole purpose of evaluating the possibility of an LCSA scholarship. The information will only be released to the Board on the Scholarship Committee. Once the applications are considered, the information will be destroyed.

**PLEASE RETURN COMPLETED APPLICATION TO THE SCHOOL COUNSELOR BY FRIDAY, APRIL 3, 2021**



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## I. LIST THE NAMES AND ADDRESS OF COLLEGE, UNIVERSITY, OR OTHER EDUCATION INSTITUTION STUDENT PLANS TO ATTEND

1<sup>st</sup> CHOICE:

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2<sup>nd</sup> CHOICE:

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## II. CIRCLE ALL THAT APPLY

- GRADUATING SENIOR
- PLAYED HIGH SCHOOL SOCCER

- YEAR(S) \_\_\_\_\_

- PLAYED SOCCER WITH LCSA

- YEAR(S) \_\_\_\_\_

- COACHES \_\_\_\_\_

- LCSA BOARD MEMBER

- PARENT NAME \_\_\_\_\_

## III. ACADEMICS:

CLASS RANK

SAT

ACT

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SCHOOL COUNSELOR'S SIGNATURE

#### IV. FINANCIAL NEED:

\_\_\_\_\_ I will be responsible for paying for 100% of my education.

\_\_\_\_\_ My parents (guardian) will be responsible for paying 100% of my education.

\_\_\_\_\_ I will share in the responsibility of paying for my education. I will be responsible for \_\_\_\_\_%. My parents will be responsible for \_\_\_\_\_%.

Have you been awarded any other scholarships or grants that you are aware of at this time?  
**YES/NO**

Please list scholarships and amounts:

Please tell us any areas of hardship that we should consider when determining financial need.  
(EX. Recent job loss or change, excessive medical expenses, multiple children in school, etc.)

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