



**BERKSHIRE COUNTY YOUTH SOCCER LEAGUE
SCHOLARSHIP INFORMATION, QUALIFICATION CRITERIA
AND APPLICATION INSTRUCTIONS**

The Berkshire County Youth Soccer League will award two or four scholarships to one male and one female or two males and two females. The number of awards will be dependent on the BCYSL's current financial situation.

The financial needs of the student will be a major factor in the decision of the selection committee. The scholarship amount will be dependent on the number of awards. The minimum amount will not be less than \$300.00 and not more than \$500.00

To qualify for a BCYSL scholarship the applicant must meet the following criteria:

- Must be a senior in a high school within Berkshire County;
- Must have a G.P.A. of 80% or better;
- During his/her senior year must have been a playing member of his /her varsity High School Soccer Team; and
- Must have played a regular B.C.Y.S.L. schedule for at least 6 seasons on a B.C.Y.S.L. team, u14 and under.

Application Instructions:

Answer all questions fully, if for some reason you are unable to answer a question enter a "?". Applications submitted without the following attachments will be rejected:

- Copy of your Student Aid Report (SAR)
- Supporting documentation of your GPA
- A one-page essay describing your most memorable experience as a member of a B.C.Y.S.L. team.
- Copy of your college acceptance letter.

Mail application and attachments to be received by MAY 1, 2009 to:

Attn: Scholarship Coordinator
Berkshire County Youth Soccer League
141 Velma Avenue
Pittsfield, MA 01201

**BERKSHIRE COUNTY YOUTH SOCCER LEAGUE
SCHOLARSHIP APPLICATION**

Name: _____ Telephone: _____

Address: _____ City/Town: _____

High School: _____ Date of Graduation: _____

Date of birth: _____ Male/Female: _____

Rank in Class: _____ GPA: _____

College for which scholarship is requested:

Name: _____

Mailing Address: _____

Phone Number: _____

Date of Application: _____ Have you been accepted? _____

(Enclose a copy of your acceptance letter with this application)

Family Profile:

Parent/Guardian Names(s): _____

Address: _____ Phone #: _____

Father's Occupation: _____ Employer: _____

Mother's Occupation: _____ Employer: _____

Total number of persons dependent on parent/guardian(s), _____

List names and ages:

List any other scholarships, grants and loans you are seeking or have been awarded for the next academic year:

<u>Source</u>	<u>Amount</u>	<u>Granted</u>	<u>Pending</u>
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Please describe any community activities you have been involved in:

Describe any extracurricular school activities:

Describe any work/job experience:

List all the BCYSL teams you have played for:

TEAM	NAME	AGE	NAME OF COACH	PHONE #
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SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Required attachments:

- Copy of your Student Aid Report (SAR);
- Supporting documentation of an 80% GPA. Usually obtained from your Guidance Department;
- A one page essay describing your most memorable experience as a member of a BCYSL team; and
- Copy of your college acceptance letter.

Mail application and all attachments to be received by MAY 1, 2009 to:

Donna Larocque
Scholarship Coordinator
Berkshire County Youth Soccer League
141 Velma Avenue
Pittsfield, MA 01201