

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

The Berkshire County Youth Soccer League will award two scholarships annually - one male and one female - with an option for more dependent on number of applicants and dependent on BCYSL's current financial situation.

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;
- 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 3 seasons on a B.C.Y.S.L. team, u18 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:

Required attachments:

- High School transcript 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 attachments to be received by APRIL 15, 2020 to:

Attn: Scholarship Coordinator
Berkshire County Youth Soccer League
PO Box 446
Pittsfield, MA 01202

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: _____

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