

**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, 2021 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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