

WYSL – TWIST SCHOLARSHIP

APPLICATION FORM

Name: _____ Date of Birth: _____

Home Address: _____ Telephone: _____

High School: _____ Date of Graduation: _____

Other Schools Attended: _____

Father's Name: _____ Mother's Name: _____

**COMPLETE ALL INFORMATION BELOW.
 IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET.**

MEMBERSHIP IN THE WALLINGFORD YOUTH SOCCER LEAGUE:

LIST YEAR(S) PLAYED	NAME OF TEAM	COACH/TELEPHONE NUMBER

VOLUNTEER ACTIVITIES FOR THE WALLINGFORD YOUTH SOCCER LEAGUE:

LIST YEAR(S) AND INDICATE # HOURS PER YEAR	TYPE OF ACTIVITY	CONTACT NAME/TELEPHONE NUMBER

OTHER VOLUNTEER ACTIVITIES:

LIST YEAR(S)	NAME OF ORGANIZATION	CONTACT NAME/TELEPHONE NUMBER

HIGH SCHOOL ORGANIZATIONS:
(Sports, Community Service, etc.)

LIST YEAR(S)	NAME OF ORGANIZATION	CONTACT NAME/TELEPHONE NUMBER

HONORS AND AWARDS:

LIST YEAR(S)	TYPE OF HONOR/AWARD	CONTACT NAME/TELEPHONE NUMBER

EMPLOYMENT:

DATES	NAME OF ORGANIZATION	CONTACT NAME/TELEPHONE NUMBER

Career: Do you have a specific career in mind? Describe:

List the colleges, universities, technical schools or post-secondary programs where you have applied:

To which schools have you been accepted?

Which is your preference? _____

