

Clinton Youth Soccer Scholarship Application Scholarship Policy

The CYS Board of Directors adopted this policy on November, 18th 2009

Overview

The Clinton Youth Soccer Club (CYS) will award up to two \$500 scholarships each year to graduating seniors from The Morgan School in recognition of their contribution to and support of the development of youth soccer in the town of Clinton, CT.

Eligibility Requirements

To be eligible for the scholarships the applicant must:

1. Be graduating from The Morgan School in the year of the award.
2. Be a resident of Clinton, CT.
3. Have been an active member of CYS (i.e. volunteer, player, coach or referee) four of the past seven years.
4. Applicant need not have played on the high school varsity or team.
5. High Standards of personal conduct
6. Leadership Qualities
7. Pursuing a secondary education

Application Process

1. Applications will be posted on the CYS web site, advertised and distributed through The Morgan School guidance office.
2. All applications are to be completed and handed into The Morgan High School guidance office by May 17th, 2017.
3. Interviews with the top six finalists will be scheduled if deemed necessary.
4. Awards will be announced at The Morgan School Awards Night. The award winner will be asked to attend the first CYS board meeting following the awards night.
5. The selection committee will consist of the four members of the CYS board of directors and one additional non board-member as selected by the CYS board of directors.

Clinton Youth Soccer Scholarship Application Cover Sheet

Student's Full Name: _____

Address: _____

Telephone: _____ Sex: M F

Birth Date: _____

Email Address: _____

Name of Universities, Colleges or Trade Schools you have been accepted to:

Application Instructions

Please have all forms and information completely filled out and return the forms to:

The Morgan School Guidance Office

Completed Application Includes:

1. Application Cover Sheet,
2. Soccer Involvement and Other Activities Sheet,
3. Scholarship Report,
4. One Teacher Evaluation Report,
5. One Other Recommendation,
6. Essay on "how Soccer has affected or influenced your life."
7. Conditions of acceptance form.

Clinton Youth Soccer Scholarship Application Teacher Evaluation

Student's Full Name: _____

Teacher's Name: _____

Subject Taught: _____

Description	Average	Above Average	Excellent
1. Quality of Work:	_____	_____	_____
2. Participation in Class:	_____	_____	_____
3. Dependability:	_____	_____	_____
4. Interest in Subject:	_____	_____	_____
5. Comments:			

Student may substitute teacher recommendation letter in lieu of #5 comments.

Teacher Signature: _____

Date: _____

Phone Number: _____

Clinton Youth Soccer Scholarship Application Scholastic Report

Student's Full Name: _____

Student's Overall GPA: _____

Student's Rank as of
Last completed semester: Rank; _____ Class size; _____

Name of Counselor; _____

Counselor Signature: _____

Contact Phone Number: _____

Date: _____

Clinton Youth Soccer Scholarship Application

Soccer Involvement and other Activities Sheet

Student's Full Name: _____

Clinton Youth Soccer Experience (please include years):

1. _____
2. _____
3. _____
4. _____
5. _____

The Morgan School Athletic activities (please include years):

1. _____
2. _____
3. _____
4. _____
5. _____

Other Activities (please include year):

1. _____
2. _____
3. _____
4. _____
5. _____

Honors and Awards (please include year):

1. _____
2. _____
3. _____
4. _____
5. _____

Clinton Youth Soccer Scholarship Application

Conditions of Acceptance and Use

I, _____, do certify that the information in this application is correct to the best of my knowledge. I hereby give my permission for this information to be released to the Clinton Youth Soccer Board of Directors for evaluation of the scholarship application. I understand that the Clinton Youth Soccer Scholarship is awarded to graduating high school seniors of the Morgan High School who have participated in the Clinton Youth Soccer Program as a player, coach, volunteer or referee for at least four of the past seven seasons. I understand that the scholarship is to be used to further my education at an accredited university, college or trade school. I agree to attend such university, college or trade school in the fall semester immediately following my high school graduation. If for any reason I fail to comply with this, I will return the amount of the scholarship to the Clinton Youth Soccer Program.

The Parent(s)/Guardians(s) of the above named student have read and understand the above Conditions of Acceptance and Use associated with the Clinton Youth Soccer Program Scholarship and will abide by the same if my son/daughter/ward is selected to receive the Clinton Youth Soccer Program Scholarship.

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Applicant Signature: _____