

MERCER COUNTY SOCCER HALL OF FAME SCHOLARSHIP

APPLICATION FOR THE MERCER COUNTY SOCCER HALL OF FAME JOSEPH SUOSSO MEMORIAL SCHOLARSHIP

ANY GRADUATING SENIOR MALE AND FEMALE, WHO PLAYED SOCCER FOR A PUBLIC OR PAROCHIAL HIGH SCHOOL IN MERCER COUNTY AND PLANS TO ATTEND COLLEGE IN THE FALL IS ELIGIBLE TO RECEIVE THIS AWARD.

THE APPLICANT FOR THE SCHOLARSHIP SHOULD FILL OUT PAGES 2 AND 3 OF THE APPLICATION IN HIS OR HER OWN HANDWRITING. THEY SHOULD THEN RETURN THE APPLICATION TO THEIR GUIDANCE COUNSELOR AT SCHOOL WITH THE REQUEST THAT THEY AFTER COMPLETING PAGE 4 MAIL THE APPLICATION TO THE ASSOCIATION AT THE ADDRESS ON THIS COVER LETTER.

THE APPLICATION SHOULD BE RECEIVED BY APRIL 1st. NOTIFICATION OF THE AWARD WILL BE MADE WITHIN TWO WEEKS. PRESENTATION TO FOLLOW.

THE AWARD OF THIS SCHOLARSHIP IS BASED UPON CHARACTER, SCHOLASTIC ABILITY, SOCCER ABILITY, AND FINANCIAL NEED.

THIS FORM MAY BE COPIED

APPLICANTS NAME _____
ADDRESS _____

EMAIL ADDRESS _____ PHONE _____

PARENTS OR GUARDIANS NAME AND ADDRESSES (IF DIFFERENT)

FATHER _____ MOTHER _____
ADDRESS _____ ADDRESS _____

OCCUPATION _____ OCCUPATION _____

OTHERS IN HOUSEHOLD _____

CAREER INTERESTS _____

FIELD OF STUDY _____

WHERE DO YOU PLAN TO APPLY, AND IF ACCEPTED, PLEASE INDICATE THE APPROPRIATE ANSWER IN THE SPACE PROVIDED.

LIST THE NAMES OF THE SCHOOLS:

NAME	APPLIED	Y	N	ACCEPTED	Y	N

HAVE YOU RECEIVED ANY OTHER FINANCIAL GRANTS?	Y	N
WILL YOU BE RECEIVING ANY OTHER SCHOLARSHIPS?	Y	N
WOULD YOU BE AVAILABLE FOR AN INTERVIEW?	Y	N

TO THE GUIDANCE COUNSELOR:

PLEASE RATE APPLICANTS QUALITIES AS LISTED BY PLACING A CHECK MARK IN THE APPROPRIATE SPACE. INDIVIDUAL ESTIMATES OF SEVERAL TEACHERS MAY BE INCLUDED.

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	REMARKS PLACED HERE
INTELLECTUAL INTERESTS				
MENTAL ALERTNESS				
INDUSTRY				
COOPERATIVENESS				
INITIATIVE				
MORAL INFLUENCE				
SENSE OF HUMOR				
LEADERSHIP				
PHYSICAL VIGOR				
PERSONAL APPEARANCE				

DO YOU RECOMMEND THE APPLICANT FOR SCHOLARSHIP CONSIDERATION?
YES _____ NO _____

GUIDANCE COUNSELOR SIGNATURE

PLEASE SEND THE COMPLETED FORMS TO:

MERCER COUNTY SOCCER HALL OF FAME
PO BOX 7912
WEST TRENTON, NJ 08628