

# **GYSO Scholarship Application**

## **Goshen Youth Soccer Organization \$2,000 scholarship**

### **Applicant Criteria**

Applicant must:

- Be enrolled in a college or university and a current year soccer player of the college or university.
- Have a cumulative 2.5 GPA on a 4.0 scale.
- Submit the complete Scholarship Application, and return it to GYSO with all appropriate supporting material by the deadline.

### **Selection Criteria:**

Preference will be given to students who require financial assistance to achieve their educational goals, and who have demonstrated exceptional involvement and service to the community.

### **Procedures:**

The original application and all support material must be received by Goshen Youth Soccer Organization before or on **May 31**. Mail all documentation to the address below. All applications become property of Goshen Youth Soccer Organization and will not be returned. Each scholarship winner will be contacted personally and announced in an upcoming web page. The decision of the Scholarship Committee is final. Proof of college or university registration is required. The scholarship funds will be awarded at an official GYSO scholarship event during the summer.

### **Checklist:**

- Complete Original Application *Required*
- Essay (one page) *Required*
- Official Transcript *Required*
- Letter of Recommendation *Required*

*An incomplete application is one that is not completely filled out, does not have the required material and is not received by GYSO by May 31. Incomplete applications will not be considered.*

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\* Print legibly or type. The application can also be downloaded at [www.gyso.net](http://www.gyso.net).

### **I. Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale.

College or University: \_\_\_\_\_

GPA: \_\_\_\_\_ on a 4.0 scale. Hours Completed: \_\_\_\_\_

### **II. Achievements**

Number of years playing soccer (recreational, travel, high school, college, etc) \_\_\_\_\_

Current soccer team(s) \_\_\_\_\_

Have you played on a GYSO team or have you been/or are you a GYSO coach? \_\_\_\_\_

If so, please list which years and for which teams (if applicable)

List awards received and/or positions of leadership held:

List soccer awards/honors received in the past years:

### **III. Community Service**

List affiliations and organizations to which you belong (ex. church, community, work, school).

Scholarship candidate name \_\_\_\_\_

#### IV. Education

List your educational plans: \_\_\_\_\_

Field of Study/Major: \_\_\_\_\_

Degrees Held \_\_\_\_\_

Anticipated Cost of Attendance for upcoming year \$ \_\_\_\_\_

Are you expecting any other scholarships at this time? \_\_\_\_\_

If so, from whom? \_\_\_\_\_

#### V. Financial Need

Check appropriate box.

- Dependent on parents for support
- Married
- Self-Supporting

Household Gross Income \_\_\_\_\_

Please summarize your present financial situation as it relates to your educational goals (use separate sheet, if necessary).

#### VI. Employment History

List employers starting with the most recent (use separate sheet, if necessary).

#### VII. Essay

On a separate sheet of paper submit a one-page typed essay on "What qualities have I gained from my soccer experience that will help me excel in the future?"

#### VIII. Professional Recommendation

Please include or submit separately a letter of recommendation from someone you know in a professional capacity (i.e. coach, teacher, counselor, employer, clergy). A reference form is attached as a guide. Either the letter or the form may be submitted.

I agree that all the information contained in this application is complete, factually correct and honestly prepared. *I give Goshen Youth Soccer Organization permission to contact any references cited in this application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applications may be mailed to the following address:

**GYSO Scholarship Committee**

c/o Geof Landis

P.O. Box 1083

Goshen, IN 46527

\* [www.gyso.net](http://www.gyso.net) \* [geof@mennotrav.com](mailto:geof@mennotrav.com)

Scholarship candidate name \_\_\_\_\_

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### **Reference Form Page 1**

Thank you for taking the next few minutes of your time to recommend the candidate listed above for consideration as a GYSO Scholarship candidate.

Please respond to the following questions:

1) How long have you known the candidate and in what capacity (coach, employer, teacher, counselor, clergy, etc.)?

2) What is your personal knowledge of the candidate's strengths/responsibilities?  
(Address specific examples of accomplishments at work, school, home, community, etc.)

3) What is your personal knowledge of the candidate's educational goals and progress toward accomplishing these goals? (Consider any challenges you know that this person has overcome.)

Scholarship candidate name \_\_\_\_\_

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## **Reference Form Page 2**

4) What is your personal knowledge of the role that soccer plays in the candidate's life?

5) Is there any additional information you would like to mention that you think the committee should know about the candidate?

Your Name and Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Please return the completed reference to the applicant for submission with the application, or mail directly to the scholarship committee at the following address:

**GYSO Scholarship Committee**  
**c/o Geof Landis**  
**P.O. Box 1083**  
**Goshen, IN 46527**

\* [www.gyso.net](http://www.gyso.net) \* [geof@mennotrav.com](mailto:geof@mennotrav.com)