



**NORTH METRO SOCCER ASSOCIATION
COLLEGE SCHOLARSHIP APPLICATION**

APPLICATION DEADLINE DATE: APRIL 1ST 2010

Name: _____
FIRST MIDDLE LAST

Address: _____

Phone: (____) _____ Social Security #: _____

ACADEMIC INFORMATION:

Planned Program or Major: _____ Class Rank: _____
Expected Date of Graduation: _____ High School GPA: _____
High School Attended: _____ Year Graduated: _____

(Include High School Transcript with Completed Application)

NARRATIVE:

1. Describe your involvement with North Metro Soccer Association (NMSA)
2. Describe how NMSA has helped you become the person you are today
3. Explain what school you would like to attend and why
4. Describe your college and career goals
5. Describe the importance of this scholarship and what it means to you

ACTIVITIES:

This section is divided into four parts (1) activities sponsored by high school; (2) special recognition, honor and achievements; (3) paid employment; (4) organized volunteer, community or other activities not sponsored by applicant's high school.

(Please list each activity only once and attach additional pages if needed)

<u>Activities Sponsored by High School</u>	<u>Grade</u>	<u>Hours Per Week / Nature of Participation</u>

Recognition & Special Achievements	Grade	Describe Accomplishments & Recognition

<u>Volunteer or Community Activities: Past Three Years</u>	<u>From/To</u>	<u>Nature of Work / Hours Per Week</u>

<u>Employment: Past Two Years</u>	<u>From/To</u>	<u>Nature of Work / Hours Per Week</u>

Applicant's Certification and Release of Information Authorization

I hereby certify that all information submitted with this application is true and correct to the best of my knowledge. I understand that submitting false information will automatically disqualify me from consideration of the present year and all future year scholarships.

If award a scholarship, I hereby authorize North Metro Soccer Association to release any information listed in this application for communication with contributing donors and for other publicity purposes.

Applicant Signature: _____ Date: _____

**Please send to: North Metro Soccer Association, Attn: Barb Anderson, President,
P.O. Box 250, Cedar, MN 55011**