



MINNESOTA YOUTH SOCCER ASSOCIATION INC.

10890 Nesbitt Avenue South
Bloomington, MN 55437

Phone (952) 933-2384 or (800) 366-6972 Fax (952) 933-2627

www.mnyouthsoccer.org



MIKE WARTER COLLEGE SCHOLARSHIP APPLICATION

General Information to Applicants:

1. This program, of college tuition awards, is supported and administered by the Minnesota Youth Soccer Association.
2. The scholarships are in the form of tuition awards of \$500 and are to be used toward expenses in an accredited college, university, or community college beginning in the Fall of 2019. Two scholarships, one to a male soccer player and one to a female soccer player, will be awarded.
3. This program is open to Minnesota soccer players who are registered to a MYSA affiliated club and are graduating high school seniors.
4. Successful applicants are recognized at a formal awards presentation during the Annual MYSA Recognition Banquet on November 2, 2019.
5. All applicants receive notice of the final disposition of their applications as soon as practicable after the selection process is complete.
6. Awards are contingent upon proof of acceptance and enrollment in an academic or vocational program at an accredited college, university, or community college with a minimum course load of 12 credits/units (full-time status) in the Fall of 2019.

Application Requirements:

Applicant **must submit** the following to the *Minnesota Youth Soccer Association* and **must be received at the address listed below *NO LATER THAN April 26, 2019.***

1. A completed application form.
2. A photo – approx. 2 ½ X 3 ½, preferably headshot (Winners will be featured in a Soccer Times article).
3. A copy of your official high school transcript (including ACT and/or SAT scores).
4. One page letter of self-recommendation which includes your athletic achievements, honorary or special interest organizations, community involvement, course of study you plan to pursue, awards or scholarships you have received, and a brief description of any way in which you have given back to soccer (i.e. coach, referee, etc.).
5. Optional letter of recommendation from soccer coaches, teammates or other soccer entities.
6. Financial need is not a key issue but it will be considered.
7. You must carry a cumulative GPA of at least 2.75, and must be accepted at an accredited college, university, or community college, or other institution of higher learning.
8. Applications will be accepted from all eligible MYSA players regardless of the school they have attended or whether or not their school or district has varsity soccer. You do not have to play college soccer to apply.

You must apply for this scholarship yourself, returning the requested material to:

Mike Warter College Scholarship
c/o Minnesota Youth Soccer Association
10890 Nesbitt Avenue South
Bloomington MN 55437



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Please read all information and directions before filling out this portion of the application.
PLEASE TYPE OR PRINT (attach extra sheets as needed)

PERSONAL

Last Name: First Name:

Complete Mailing Address:

City: MN Zip Code:

Phone Number: DOB: Male Female

E-mail Address:

Major/Vocational Goal:

Career Goal:

EDUCATION

Name of High School:

Address: City:

Graduation Date: 2018/2019 Cumulative GPA:

S.A.T. Score: ACT Score:

COLLEGE/UNIVERSITY ADMISSION

College/University: Applied Accepted Attending

Contact Person or Student Aid Officer:

Address: City:

State: Zip Code: Phone:

College/University: Applied Accepted Attending

Contact Person or Student Aid Officer:

Address: City:

State: Zip Code: Phone:

College/University: Applied Accepted Attending

Contact Person or Student Aid Officer:

Address: City:

State: Zip Code: Phone:

MIKE WARTER COLLEGE SCHOLARSHIP APPLICATION CONT'D

SOCCER ACTIVITIES

Name of High School: _____

Years of High School Soccer: _____

Years of Soccer Experience as a Referee (Detail Briefly)

Years of Soccer Experience as a Coach (Detail Briefly)

MYSA AFFILIATED CLUB TEAM (List most recent first)

Year(s)	Club/Team Name	Age/Classification
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

COMMUNITY ACTIVITIES (Please Detail)

WORK RECORD LAST 5 YEARS (Employer, Dates, Duties)

Application must be received no later than April 26, 2019 to be considered.

OFFICE USE ONLY:

Date Received: _____

APP NUM: _____