

# The Roscommon Soccer Teams Scholarship Application – 2012

Scholarships administered by the  
Roscommon County Community Foundation

**NOTE:** Student applying for this scholarship must have been a member of the squad or a manager for three years.

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ GPA: \_\_\_\_\_ SS #: \_\_\_\_\_

Planning to attend: \_\_\_\_\_

(Check one)

One-year program \_\_\_\_\_ Two-year program \_\_\_\_\_ Four-year program \_\_\_\_\_

Intended Major: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_

Occupation: \_\_\_\_\_

Yearly family income: \_\_\_\_\_

**Please submit the following information:**

- a.) On a separate sheet of paper, list your **extracurricular in-school activities** for grades 9, 10, 11 and 12 (example: student council, class officer, athletics, band / choir, clubs and organizations) and your **extracurricular out-of-school activities** for grades 9, 10, 11 and 12 (example: work experience, church activities, community service, volunteering and civic organizations). Please include the number of hours expended each year in these activities.
- b.) **School transcript**: Documentation stating a cumulative grade point average.
- c.) A copy of your **FAFSA Filing (Free Application for Federal Student Aid) is required** to establish financial need.
- d.) On a separate sheet of paper, a statement of financial need addressing the following:
  - 1.) **Estimated cost of your education**: including tuition, dorm rent, books and lab fees
  - 2.) **List the names and dollar amounts of scholarships** that you have received to date.
  - 3.) **Any special financial challenges** you or your family may be facing.

We, the undersigned Applicant and Applicant's Parent/Guardian, do hereby state that the above requested information is true to the best of our knowledge, and with our signature do hereby give our permission to release the above information to the Roscommon Soccer Teams Scholarship Advisory Committee and the Roscommon County Community Foundation for selection and administration purposes only.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application will be kept strictly confidential.**

**Return this application to your Counseling Office no later than April 13, 2012.**

**Late applications and incomplete applications will not be accepted.**