



WASHINGTON STATE LEGENDS OF SOCCER (WLSL) Scholarship Application

APPLICANT INFORMATION

Date:

DOB:

Applicant Name:

Address:

City:

State:

ZIP:

Phone:

E-mail Address:

Purpose for Request:

Who is recommending you for this scholarship?

SCHOLARSHIP POLICY

Our goal is to assist young people who otherwise would not be able to attend school, training programs, camps, etc. WLSL's practice is to award as many scholarships as possible within financial constraints. We believe that the benefits of working and contributing are long-lasting and, therefore, each recipient should participate in their educational experience through work-related efforts.

1. If the scholarship is for camp/training attendance, proof of personal medical insurance coverage may be required.
2. **A complete application includes this page, and if for camp, all necessary forms. Incomplete applications will not be processed.** We request submission of all materials by email (walegends@gmail.com) or mail to: Washington State Legends of Soccer, 3614 California Ave. SW, #241, Seattle, WA 98116.
3. The deadline for submission of this application is **May 15, 2021**.
4. Award notification will occur in June.

PLEASE EXPLAIN YOUR FINANCIAL NEED (If this is for a college scholarship, include your family's EFC from the FAFSA); (Continue on reverse side if needed):

PLEASE LIST ANY OTHER STATE-FUNDED ASSISTANCE YOU RECEIVE: (e.g., other scholarships, food stamps, school lunch program, etc.)

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SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. Should this application lead to a financial scholarship, my signature below indicates that I have read and agree to the scholarship policy. I understand that failure to comply with the policy may result in termination of the award.

Applicant Signature:

Submit all materials by email (walegends@gmail.com) or mail to: Washington State Legends of Soccer, 3614 California Ave. SW, #241, Seattle, WA 98116.

Additional information you wish the committee to know

