



# 2025 Kelsey Aldrich Memorial College Scholarship Application

## Anthony Wayne United Soccer Club

P.O. Box 2422  
Whitehouse, OH 43571  
awusoccer@gmail.com

### General Information to Applicants:

- \* The Scholarship is open to anyone currently enrolled in college, or who will be entering in the Fall of 2025.
- \* Total of one Scholarship in the amount of \$1000 to be used for expenses in an accredited college, university or community college beginning in the Fall of 2025.
- \* All applicants receive notice of the final disposition of their application as soon as practicable after the selection process is complete.
- \* This Scholarship may only be won once.

### Application Requirements:

Applicants must submit the following to the AWUSC and be received at the address listed below by:

**March 26th, 2025**

- \* A completed application form.
- \* A copy of your official high school transcript (including ACT and/or SAT scores)
- \* A typed essay in 500 words or less

"How has playing for the Anthony Wayne United Soccer Club helped build life skills that will prepare you for college and beyond?"

### Mail to:

Anthony Wayne United  
Soccer Club  
P.O. Box 2422  
Whitehouse, OH 43571

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ GENDER \_\_\_\_\_

COLLEGE WOULD LIKE TO ATTEND \_\_\_\_\_  
CUM GPA \_\_\_\_\_ RANK \_\_\_\_\_

SAT \_\_\_\_\_ ACT \_\_\_\_\_

### **SOCCER PLAYING EXPERIENCE**

Team	Year	League	Position
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SOC CER RELATED ACTIVITIES**

Referee License \_\_\_\_\_ Date \_\_\_\_\_

Coaching License \_\_\_\_\_ Date \_\_\_\_\_

Soccer Honors & Awards \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Community Activities \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

School Activities, Honors, & Awards \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Work Record \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

I certify that all of the information I am submitting is accurate.

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