



# DURHAM REGION SOCCER ASSOCIATION SCHOLARSHIP APPLICATION

## DRSA Scholarship

Revision Date: May 14, 2018

### Program

1. Two (2) Academic Scholarships will be open to eligible DRSA youth players, youth game officials and youth volunteers.
2. Each scholarship not to exceed One-thousand dollar (\$1000).

### Academic Scholarship Eligibility:

1. Applicants must be a resident of Durham Region and a registered member of DRSA.
2. Applicants must have graduated grade twelve (12) or equivalent and be enrolled in full-time study at a Canadian post-secondary institute.
3. Applicants must be recognized as having been a valuable asset to soccer within the DRSA.
4. Applicants must have achieved an 80% average in grade twelve (12) or equivalent.
5. Applicants for scholarships must submit a completed application, high school transcript
6. accompanied by reference letters to the DRSA office by July 31st of each year.
7. A selection committee will review all eligible applications and will choose two (2) recipients.
8. The successful recipients will be contacted by email in August and their names will be published on the DRSA website.

### Scholarship Payment

Scholarship award recipients will be presented with their cheque in September.



## **DURHAM REGION SOCCER ASSOCIATION ACADEMIC SCHOLARSHIP APPLICATION**

**Applicant Name:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Last Name**    **First Name**    **Initial**

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

**Telephone:** \_\_\_\_\_    **Email Address:** \_\_\_\_\_

**Current DRSA Club:** \_\_\_\_\_

**Previous Clubs in the last 5 years (if any):**  
\_\_\_\_\_

**Parent/Guardian Information:**

**Name(s):** \_\_\_\_\_

**Address(s):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Additional Personal Information:**

**Which institution will you be attending in the Fall:** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_

**Briefly describe yourself and the reason(s) for your scholarship application.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Extracurricular Activities:**

List extracurricular soccer/school/community activities in which you have participated and specify the nature of your involvement in each. If you require more space you may attach a separate sheet.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**References:** (No Family Members)

You must attach a letter of reference for each individual listed.

Name: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**UNDERTAKING**

1. I certify that all the information provided on this application form and in all the documents accompanying it is true, accurate, and complete.
2. I have read all the Terms of Reference for the Durham Region Soccer Association Scholarship. By submitting this application, I agree to be bound by all these rules.
3. I authorize the release of any information to the Scholarship Program, relating to my application, which it may request from high school, university, government, or community sources, including but not limited to personal evaluations and transcripts. I understand I will have no right of access to such information. I understand the information resulting from such a request will be used for Scholarship purposes, which may include publicity or promotion.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_