

# Chamber Classic Soccer Alliance Inc.



## 2024 Scholarship Award Application

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

Submission of this application grants permission to the selection committee to investigate and verify any information relevant to the award whether specifically contained in this application or otherwise considered relevant. (Please type or print)

### PERSONAL DATA

Name:	_____	_____	_____
	Last	First	MI
Address:	_____	_____	
	Street	City	
	_____	_____	
	State	Zip code	
Social Security#:	_____	Email:	
Telephone #:	(    ) - _____	_____	
Father's wk #:	(    ) - _____	_____	
Mother's wk. #:	(    ) - _____	_____	
Father's name:	_____	_____	_____
	Last	First	MI
Mother's name:	_____	_____	_____
	Last	First	Mi

Colleges Where Applied	Have you been accepted? Yes or No	Amount of Scholarship Awarded
1		
2		
3		

Have you selected a college and why did you select this college? \_\_\_\_\_

List sources of financial assistance for college expenses including all academic or athletic scholarships: (Aid from parents, trusts, student loans, etc.)

Enclose written references from the following with your completed application.

High School Counselor  
High School Teacher  
Club Soccer Coach

Additional references may be submitted if desired. (i.e. church, high school coach, extracurricular sponsor) If you have a Player Profile sheet please attach.

List community service hours and organizations:

Hrs:	_____	Phone #	_____
Hrs:	_____	Phone #	_____
Hrs:	_____	Phone #	_____

**SOCCER HISTORY/EXPERIENCE**

Club team: \_\_\_\_\_

Club coach: \_\_\_\_\_

Name

Phone #

School team: \_\_\_\_\_

School coach: \_\_\_\_\_

Name

Phone #

Years soccer played: \_\_\_\_\_

/ /

Recreational / Select / High School

Number of years you have played in the CCSAI Classic League: \_\_\_\_\_

How many different teams have you played for in the CCSAI Classic League: \_\_\_\_\_

**A & D History:**

**2023/2024 Soccer Year**

**Club Soccer (including tournaments)**

**School Soccer**

Yellow card cautions:

Red card ejections:

"Soft" red cards: (UIL only)

Number received / Points assessed

Number received

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

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

**ODP Experience:**

Years participation: \_\_\_\_\_

Highest level attained: \_\_\_\_\_

If experience is not in the NTSSA program please give details: \_\_\_\_\_

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

**SCHOLASTIC DATA**

High school(s) attended: \_\_\_\_\_

9 10 11 12

\_\_\_\_\_

9 10 11 12

Counselor's name: \_\_\_\_\_

( )

Phone #

GPA/Scale: \_\_\_\_\_/\_\_\_\_\_ After Fall 2023 semester

GPA Scale

SAT scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Date Taken: \_\_\_\_\_

ACT Composite score: \_\_\_\_\_

Please list present courses. Indicate which ones are AP or Honors, if any:

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

**Class rank:** TOP 1/3 MIDDLE 1/3 BOTTOM 1/3 Numerical rank if applicable: \_\_\_\_\_  
**Graduation date:** \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_ out of \_\_\_\_\_

**Please list any academic and/or athletic awards received:** \_\_\_\_\_

**Extracurricular activities, leadership positions:**

Please list other activities, including other varsity sports, in which you participated during high school:

<u>Activity</u>	<u>Positions held</u>	<u>Years participated</u>

**Work experience:**

Please list any work experience (including summer employment) you have held since age 16:

<u>Nature of work</u>	<u>Employer</u> (Name & phone #)	<u>Dates of employment</u>

**On a separate piece of paper please type a short essay (300 to 500 words) indicating why you should receive this award.**

Is a copy of your "Free Application for Federal Student Aid" form available?    yes        no

**Eligibility Criteria:**

You must graduate from high school, be accepted and attend an accredited four year college to receive this award. You must currently be listed on the roster of a team playing in CCSAI for the 2023/2024 season. The choice of recipients is final and no appeals of the selection committee's decisions will be accepted. All finalists will be informally interviewed by a committee represented by community leaders.

***You must be planning to attend college.***

**Selection will be based on the following criteria:**

Scholastic performance (including test scores), citizenship/leadership history, A & D history, interview evaluations and financial need.

For the protection of the student/athlete the CCSAI Classic League may modify the terms of this award in order to comply with NCAA Bylaws Section 15.2.5.5 or other applicable sections.

I hereby apply for the CCSAI Classic League Scholarship Award and certify that all of the information provided here is my own work and, to the best of my knowledge, is complete and accurate. Any information discovered to be inaccurate or falsified will automatically disqualify the application.

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

**Email application to:**  
**alediego50@yahoo.**  
**com**

**Scholarship Chairman**  
 Ale Dominguez  
(214)714-5831  
 alediego50@yahoo.com

**THIS SIDE OF APPLICATION FOR ADDITIONAL INFORMATION**

(Use this space to give the selection committee any other information you think would be helpful for their consideration.)

[illegible]