

2024 WCSA COLLEGE SCHOLARSHIP APPLICATION

Williamson County Soccer Association offers scholarships with specific guidelines for applicants. All scholarships are conditionally granted and require that the recipient enroll as a full-time student in an approved course of study leading toward a degree at an accredited college, university or vocational school. A check for the award will be sent to the registrar of the institution at which the award recipient enrolls.

GUIDELINES

An applicant must graduate High School prior to the beginning of the fall term for the upcoming academic year. The award will be given based on student desire, scholastic ability, and financial need. Only students who have been active in the Williamson County Soccer Association and have demonstrated a strong work ethic and desire to progress personally and academically have a chance to receive one of the awards. The applicant must live in Williamson County. All sections of this application must be completed before it will be accepted.

The following items must be submitted as part of the application process:

- 1. A copy of the applicant's SAT or ACT scores.
- 2. A copy of the grade transcript for the high school from which the applicant will graduate.
- 3. A statement of not more than 350 words, prepared by the applicant, summarizing significant school and out-of-school activities and accomplishments. Also include the applicant's objectives of further education and emphasizing those factors that qualify the applicant for one of the scholarships.
- 4. A letter of recommendation from an adult who is not related to the applicant and can speak on the behalf of the applicant's character.

Applications must be returned to WCSA or postmarked by March 1, ψ .

RETURN APPLICATIONS TO:

Williamson County Soccer Association (WCSA) P.O. Box 680037 Franklin, TN 37068-0037



Williamson County Soccer Association P.O. Box 680037 Franklin, TN 37067 | Phone: 615.791.0590 | <u>www.williamsoncountysoccer.com</u>

PLEASE PRINT ALL INFORMATION

WCSA SCHOLARSHIP APPLICATION FORM

Full Name: .			Date:	
	Last	First	M.I.	
Address:				
	Street Address		Apartment/L	Jnit #
	City State ZIP Code Pho	ne:		Email:
SCHOOLS	ATTENDED (GRADES 9-1	2)		
School Nam	ne:	Location:	Dates Attended:	
School Nam	ne:	Location:	Dates Attended:	
School Name: Date of High School Graduation:		Location:	Dates Attended:	
HONORS	AND AWARDS (state yea	r and nature of honor or aw	/ard)	
Scholastic				



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the Commission (ask as inclusion)		
tra-Curricular (school related)		
ivia or Church (non school related)		
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number of years participated (e.g. Band/2,3 Chess Club/3,4. State only major activities.)

Extra-Curricular (school related)



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Employment during the past two years, employer, periods of employment, average weekly work hours and earnings.

Name of Father or Guardian

Occupation

Name of Mother or Guardian

Occupation

Number of dependents in immediate family (excluding parents or guardian):

Number of dependents in immediate family currently in college:



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State the name of the school and your plans for enrollment in an accredited college, university, or vocational school and your anticipated field of study. Please state the cost of tuition only for the first year of the institution you plan to attend.

Have you been granted scholarship aid from any source?	If so, give details:		
Have you reason to expect scholarship aid from any other source?	If so, give	details:	

Give details of any other applications you have made for scholarship aid (if any).

Give additional data of specific nature, if appropriate, to show financial need and merit.



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