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# WASA Scholarship Application Form

Please complete and return to: WASA, PO Box 614, Westerville, Ohio, 43086-0614

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Applicant's Name: First \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth: MM/DD/YY \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female  
High School & Year of Graduation \_\_\_\_\_  
Secondary Education Institution \_\_\_\_\_ Expected Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
WASA Participation Seasons: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Six minimum, attach documentation.

## Community Service

Tell us about the most recent or current community service volunteer activity that you have performed. The person receiving the benefits of this activity must not be a family member. Fill out this form completely and accurately in the space provided. Include separate sheet(s) with additional information, or other volunteer activity.

Describe the activity or service performed \_\_\_\_\_  
\_\_\_\_\_

Who benefited from this service? (May be an individual, an organization or a community) \_\_\_\_\_  
\_\_\_\_\_

1) What specific tasks or components of the activity did you perform? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Why was the service needed, and what effect has it had on the the beneficiary? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Indicate the amount of time applicant spent on this service:

Began: (Month/Year) \_\_\_\_\_ to \_\_\_\_\_ # of hours per week \_\_\_\_\_  
\_\_\_\_\_

4) Please attach no more than three (3) references supporting your community service activity. These references should address the following items:

- a) What ways did the applicant demonstrate initiative, creativity, leadership and generosity?
- b) How did the applicant go above and beyond what can normally be expected of someone their age?

**Academic Achievement**

5) Please list your Academic Achievements (e.g., GPA, honors, significant course work)

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**Essay**

6) Please attach no more than a one page essay, single or double spaced, on the topic “*Life-long lessons I have learned from WASA soccer*”.

**APPLICANT’S AND PARENT’S/GUARDIAN’S CERTIFICATION**

I certify that the applicant meets all eligibility requirements of the program as described in the official rules. I also certify that the information I’ve provided is accurate to the best of my knowledge and agree to provide supporting evidence if requested. If the applicant is selected for an award, I agree the information on the application form may be used by the Westerville Amateur Soccer Association for publicity purposes.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant’s Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DEADLINE: Return to the WASA, P.O. Box 614, Westerville, OH 43086-0614.  
Must be Postmarked by the last Monday in January.**