



Scholarship Information Requirement

To Applicant:

Submit this form to your High School Guidance Counselor. Have him/her complete the information needed for your scholarship package. This form must be in a signature sealed envelope by the Guidance Counselor and submitted with your application to your club no later than April 15th to qualify for a \$500 Scholarship from the Eastern Carolina Soccer Association.

Student Information:

Name of Student: _____
Current GPA: (weighted) _____ (un-weighted) _____
Class Rank: Student is ranked number _____ out of _____ Students
Has this student applied to a College? Yes _____ No _____ Unknown _____
What School (College or University) will he/she be attending come fall of this year?

School Information:

Name of High School: _____
Address of School: _____
Phone Number to School: _____
Name of Guidance Counselor: _____

By signing this form below you are stating that all the information you have provided ECSA on behalf of this student is accurate to the best of your knowledge.

Counselor's Signature: _____

Must use School Seal Stamp to ensure authenticity of information

Thank you,
ECSA Scholarship Committee
ECSA Scholarship Committee

