

WYOMING SOCCER ASSOCIATION

Player Scholarship Application



APPLICANT INFORMATION									
Last Name				First Name			M.I.	Date	
Street Address						Apartment/Unit #			
City				State			ZIP		
Message Phone				Cell Phone					
Email address									
PARENT/GUARDIAN INFORMATION									
Father/Guardian					Email Address				
Mother/Guardian					Email Address				
City				State			ZIP		
Father/Guardian Message Phone				Father/Guardian Cell Phone					
Mother/Guardian Message Phone				Mother/Guardian Cell Phone					
COLLEGE YOU PLAN TO ATTEND (OR ARE CURRENTLY ATTENDING)									
Name of School				Address					
City				State			Zip		
What course of study do you plan to pursue in college, and why?									
IF YOU PLAN TO PLAY, OR ARE PLAYING COLLEGE SOCCER, PLEASE COMPLETE THE FOLLOWING:									
Soccer Coach Name									
Address									
City				State			Zip		
Phone				Email Address					

LIST THREE TEACHERS FOR REFERENCES

Name

Phone

Name

Phone

Name

Phone

LIST A MEMBER OF YOUR LOCAL SOCCER ASSOCIATION FOR REFERENCE

Name

Phone

Local Youth Soccer
Association

Number of years you have played:

**List Your last Two Soccer
Coaches**

Name

Phone

Club/High School

Name

Phone

Club/High School

Do you have referee experience?

YES ☐NO ☐If yes, why did you become involved with
refereeing?

Are you a certified referee?

YES ☐NO ☐

If yes, date certified:

COACHING EXPERIENCE

Do you have coaching experience?

YES ☐NO ☐If yes, why did you become involved with
coaching?

Are you a licensed coach?

YES ☐NO ☐

If yes, type and date of license:

SOCCER HONORS RECEIVED (INDIVIDUALL OR TEAM)

SCHOOL ACTIVITIES**COMMUNITY ACTIVITIES****OTHER SCHOLERSHIPS RECEIVED**

Scholarship:	Amount:	
Scholarship:	Amount:	
Scholarship:	Amount:	

PLEASE USE THIS AREA TO INCLUDE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU.

I certify that my answers are true and complete to the best of my knowledge.

If granted a scholarship from Wyoming Soccer Association, I understand that false or misleading information in my application may result in loss of the scholarship.

Signature

Date

In addition to this application, please submit the following supplemental information:

A copy of your high school or college transcript. Official copy not required.

Two (2) letters of recommendation from high school or college teachers.

One (1) letter of recommendation from a soccer coach.

One (1) current picture of yourself for website announcements

One (1) 500 Word Essay on how soccer has impacted your life.

Failure to submit all required information will result in your application being ineligible for consideration.

Recipients who do not attend college or an advanced school immediately after graduating from high school will forfeit the scholarship awarded by WSA.

Please submit completed application packets that include the application and all supplemental materials to:

**Attn: Scholarship Committee
Wyoming Soccer Association
777 Overland Trail, Suite 132 • Casper, WY 82601**

APPLICATION DEADLINE IS JANUARY 10, 2025