Neal Harvey Memorial Scholarship

Given by Haverhill Youth Soccer

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Telephone: ( ) _____ Email Address: _____

High School Information: _____
High School you attended *Expected Date of Graduation*

College Information: _____
College you will be attending *Expected Date of Enrollment*

Applicant Questioner

List Haverhill Youth Soccer/Haverhill PAL teams you played for
(including year, age group and if Travel or In-Town)

Applicant Questioner *(Continued)*

List of activities, clubs, sports and/or offices held during high school years:

List community activities or volunteer services in which you took part:

I Have checked and completed all of the requested information and certify it to be complete and accurate. I agree to refund this scholarship in its entirety for any reason I do not attend college this fall

Signature of Applicant

Date of Application