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 Infor	rmation:		
	High School yo	ou attended	Expected Date of Graduation
College Informat	ion:		
	College you w	ll 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	
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Date of Application