

Burrillville-Glocester Youth Soccer Association

Application for BGYSA Scholarship (Confidential)

Name: _____
Last First MI

Address: _____

Phone Number: (Home) _____ (Cell) _____

High School: _____

Course of Study: _____

Post Secondary School to be attending: _____

Accepted? _____ Intended Course of Study: _____

Interscholastic Athletic Activities: **Attach details.**

Non-School Activities, community service etc: **Attach details.**

Honors/Awards Received: **Attach details.**

Academic

Athletic

Other

BGYSA experience as player or coach. Years and Age groups participated in: **Attach details.**