WEST ISLIP SOCCER CLUB
SCHOLARSHIP

Name : _____ **Phone Number : _____**

Address : _____ **High School : _____**
_____

West Islip Soccer Club Playing Experience **College : _____**
Intramural : _____
Travel/Inter-league : _____

In a brief paragraph describe a minimum of twenty five (25) hours volunteered to the West Islip Soccer Club or to West Islip Soccer Club activities.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

By signing below you are certifying the accuracy of the above information.

Parent : _____

Board Members : _____ **_____**

This form must be postmarked by April 5th, 2010 to:

West Islip Soccer Club – Scholarship Committee
PO Box 5
West Islip, NY 11795

Name : _____ **Phone Number : _____**