

2011 OASL SCHOLARSHIP APPLICATION

The Ohio Amateur Soccer League (OASL) **is again offering a scholarship program for former youth soccer players (members)**. This year's program will award (3) scholarships, (1) \$1,500 William H. Bailey Memorial scholarship (2) in the amount of \$1,000.00 each, to former players (members) who will be graduating from high school as a Senior in the class of **2011** and entering a U.S. college, university or a 2 year or greater technical school, as a full time student, for the first time in **2011**.

Below are general program highlights and information on how to receive more details about the requirements of the program (**NOTE: the program requirements are subject to change on an annual basis**).

- **Student Eligibility:** Graduating high school senior, entering a college or university or and 2 yr or greater technical school the following fall, must have participated as rostered player (member) at least three (3) full seasonal years on an OASL registered youth team.
- **Student Qualifications:** To be eligible to apply for a scholarship the following criteria must be met: minimum 3.0 cumulative point average (based on 4.0 scale); achieve a combined score of 1300 or higher on the SAT and/or a composite score of 21 or higher on the ACT; financial need will not be a consideration in the granting of these scholarships; student may hold other scholarships in addition to this scholarship.
- **The Application process:** In addition to meeting the qualifying requirements defined above, a detailed application and a maximum 500 word essay must be completed and contribute to the selection process.
- **Participation in High School or College soccer IS NOT A REQUIREMENT.**
- **Program details/applications till [March 31st of 2011](#)**
- **Completed applications must be received by [April 10th, 2011](#).**

Mail Completed Applications to: **OASL**

Post Office Box 39181

Solon Ohio 44139

2011 Ohio Amateur Soccer League Scholarship Program – Application Form (print or type)

Name _____

Address _____

City _____ **zip** _____

Home phone number _____

Email _____

Date of Birth _____ **Social Security number** _____

Parents Names _____

What college/university will you be attending this fall _____

OASL Club(s) and teams where you participated and years – (Minimum of 3 years required)

Detail Activities –list all activities you have engaged in during your High school years

Detail Honors recognitions you may have received for school work, sports awards or community service.

Detail if parents ever were ever members of the OASL as Players, Coaches, Managers, Club Reps or League Officers

- Provide parents name(s) and detail their membership – including number of years they volunteered

Essay: Please attach an essay, maximum 500 words, stating how your participation in OASL Soccer impacted your life

Certification: I certify that all statements and information contained are true and correct, that I have read and understand the requirements of the OASL Scholarship Program, and that I believe I am eligible to compete for a scholarship.

Signature of Applicant

Date

The following to be completed by applicants' high school administrator/counselor/principal

This is to certify that _____ has attended _____

Located in _____ from _____ to _____

And graduated _____ or will graduate month/year _____

Applicants Cumulative GPA _____

Results of SAT or ACT collage admission tests

Record results below

| Name of test | date administered | total |
|--------------|-------------------|-------|
| SAT | _____ | _____ |
| ACT | _____ | _____ |

I attest that the information provided by me is true and accurate, to the best of my knowledge.

Signature of school administrator/counselor/principal

phone number of school

Mailed completed application and forms to: OASL, Post office box 39181, Solon Ohio 44139