



# Delta Youth Soccer Association



## EVELYN HARTMANN \$400 MEMORIAL SCHOLARSHIP APPLICATION (2010)

Name: \_\_\_\_\_  
(Surname) (Given Name)

Date of Birth: \_\_\_\_\_  
(Year/Month/Day)

Address: \_\_\_\_\_

Grade: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code : \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

### 1. EDUCATION (list last three schools attended)

Name of School	City	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all courses taken this year and last year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any Honours, Awards or Scholarships you have received during the past 3 school years (scholastic, athletic, citizenship, service, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applications must be received by April 6, 2010**

**2. SCHOOL AND COMMUNITY PARTICIPATION**

In what organizations, clubs or social activities in the school or community have you participated in during the past 5 years. Please list the soccer club(s), and/or district with whom you have participated as player, coach or referee. *Note: highest marks are awarded to volunteer activities. Attach additional sheets if required.*

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**3. FUTURE PLANS**

What is your vocational goal?

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What educational institute do you plan to attend next year?

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**4. ADDITIONAL COMMENTS** *Note: highest marks are awarded to volunteer activities. Attach additional sheets if required.*

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**5. REFERENCES**

Please list three people who will speak on your behalf if requested

Name	Relationship	Phone
<hr/>	<hr/>	<hr/>
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*It is the responsibility of each candidate to ensure that the application is complete and that all required information, documents and letters are enclosed with the application.*

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Date of Application

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Signature of Applicant

**Please fax completed Scholarship Applications to (604) 606-5726, Attn: DYSA Secretary  
Or mail to: Attention DYSA Secretary, 2562 136<sup>th</sup> St, Surrey, BC, V4P 1S4**

***Applications must be received by April 6, 2010***