

**AGAWAM SOCCER ASSOCIATION**  
**CHRISTOPHER KNIGHT SCHOLARSHIP APPLICATION**  
**WWW.AGAWAMSOCCER.ORG**

Student's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (Include City, State & Zip): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ NHS: Y / N

Employment Experience: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Number of Family Members: \_\_\_\_\_ Number living at home: \_\_\_\_\_ Number currently enrolled in college \_\_\_\_\_

In which years did you participate in ASA Soccer: Intown \_\_\_\_\_ Travel \_\_\_\_\_

Do you have any siblings that currently participate or have participated in ASA Soccer:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many: \_\_\_\_\_

Have your parents ever participated in ASA Programs: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what capacity: \_\_\_\_\_

Other (please specify):  
\_\_\_\_\_  
\_\_\_\_\_

Have you received OR do you expect to receive any other financial assistance: Y / N

If so, from what other source: \_\_\_\_\_

Which college do you plan on attending: \_\_\_\_\_

Have you been accepted: Y / N What is your intended major: \_\_\_\_\_

**Criteria for applying: All applicants must be seniors who have participated in the ASA Soccer program. A grade average of "B" or higher must be maintained.**

**On a separate attached page, please describe in detail any circumstances which may assist us in evaluating your application and a brief essay on "What Soccer Has Done For Me." You may use the back of this form to complete any answers from above.**

**Deadline for submission: April 1<sup>st</sup>**

**Please mail completed application to Agawam Soccer Association, P.O. Box 442, Feeding Hills, MA 01030 or email to agawamsoccer442@outlook.com.**