



TRI -COUNTY SOCCER SCHOLARSHIP FORM

1) GENERAL INFORMATION

NAME: _____

ADDRESS: _____

PHONE#: _____ D.O.B. _____ AGE: _____

HIGH SCHOOL ATTENDED: _____

SCHOOL PLANNING TO ATTEND: _____

2) YOUR CONNECTION WITH T.C.S.A.

*******IN ORDER TO APPLY FOR THE T.C.S.A. SCHOLARSHIP YOU MUST BE OR HAVE BEEN PART OF THE TRI-COUNTY SOCCER ASSOCIATION AS A PLAYER, REFEREE, OR COACH AT SOME TIME DURING THE LAST 4 YEARS.****
(POINTS ARE AWARDED BASED ON THE AMOUNT OF YOUR PARTICIPATION)***

| YEAR | SEASON (FALL SPRING BOTH) | PLAYER (LIST TEAM) | REFEREE | COACH (LIST TEAM) |
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3) WRITE A SHORT ESSAY INCLUDING:

A) DESCRIPTION OF ALL THE WAYS YOU WERE INVOLVED IN TRI COUNTY , B) WHAT YOUR PLANS ARE FOR THE FUTURE AND C) WHY YOU FEEL YOU SHOULD RECEIVE THIS SCHOLARSHIP

4) A COPY OF YOUR TRANSCRIPT

5) 2 LETTERS OF RECOMMENDATION FROM EITHER A TEACHER, COACH, ADMINISTRATOR, OR OTHER COMMUNITY LEADER

ALL SCHOLARSHIP APPLICATIONS MUST BE TURNED IN BY: **3rd. Friday in April
TO THE SCHOOL COUNSELOR OR MAILED TO: TCSA PO Box 157 Mabank, TX 75147
IF YOU HAVE ANY QUESTIONS OR NEED FURTHER INFORMATION PLEASE CONTACT:
CANDI CONNER (903) 887-3138 OR DONNA WARD (903) 340-7704**