



Mayfield Soccer Club Scholarship Application

Cover Sheet

Full Legal Name: _____

Address: _____

Telephone: _____ Sex: M F

Date of Birth: _____

Email Address _____

Name of Universities, Colleges, or Trade Schools you have/will apply to:

Application instructions:

Please have all forms and information completely filled out and return the forms to:

Mayfield Soccer Club
Attn: Scholarship Committee
6205 Kenarden Drive
Highland Heights, Ohio 44143

Completed Application includes:

1. Application cover Sheet,
2. Soccer Involvement and Other Activities Sheet,
3. Scholarship report,
4. Two Teacher Evaluation Forms,
5. Essay on "How soccer has affected or influenced your life."
6. Conditions of acceptance form.



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Soccer Involvement and Other Activities Sheet

A) Soccer Involvement

Mayfield Soccer Club Experience (list last four years if more than 4 years)

Year	Team	Coach
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Mayfield High School Experience

Year	Team	Coach	Position Played
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

B) Other Activities

School activities

Community and Civic Activities



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Scholastic Report

To be filed out by your schools Guidance Counselor

Student's Full Name: _____

Student's Overall Grade Point Average: _____

Student's rank in class as of last completed semester: Rank: _____ Class size: _____

Name of Counselor: _____

Counselor Signature: _____

Contact Phone number: _____

Date: _____



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Teacher Evaluation #1

Student's Full Name: _____

Teacher's Name: _____

Subject Taught: _____

Description	Average	Above Average	Excellent
1. Quality of Work	_____	_____	_____
2. Participation in Class	_____	_____	_____
3. Dependability	_____	_____	_____
4. Interest in Subject	_____	_____	_____
5. Comments:	_____		

Student may substitute Teacher recommendation letter in lieu of #5 comments.

Teacher Signature: _____

Date: _____

Phone Number: _____



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Teacher Evaluation #2

Student's Full Name: _____

Teacher's Name: _____

Subject Taught: _____

Description	Average	Above Average	Excellent
1. Quality of Work	_____	_____	_____
2. Participation in Class	_____	_____	_____
3. Dependability	_____	_____	_____
4. Interest in Subject	_____	_____	_____
5. Comments:	_____		

Student may substitute Teacher recommendation letter in lieu of #5 comments.

Teacher Signature: _____

Date: _____

Phone Number: _____



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Conditions of Acceptance and Use

I, _____, do certify that the information in this application is correct to the best of my knowledge. I hereby give my permission for this information to be released to the Mayfield Soccer Club for evaluation of the scholarship application. I understand that the Mayfield Soccer Club Scholarship is awarded to graduating high school seniors of Mayfield High School who have participated in the Mayfield Soccer Club for at least three seasons. I understand that the scholarship is to be used to further my education at an accredited university, college or trade school. I agree to attend such university, college or trade school in the fall semester immediately following my high school graduation. If for any reason I fail to comply with this, I will return the amount of the scholarship to Mayfield Soccer Club.

The Parent(s)/Guardian(s) of the above student have read and understand the above Conditions of Acceptance and Use associated with the Mayfield Soccer Club Scholarship and will abide by the same if my son/daughter/ ward is selected to received the Mayfield Soccer Club Scholarship.

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Applicant Signature: _____