GARDEN CITY CENTENNIAL SOCCER CLUB
2008 STUDENT SCHOLARSHIP APPLICATION

Application Deadline: Envelope must be postmarked by April 10, 2008
Mail Application and supporting material to: GCCSC, PO Box 358, Garden City, NY 11530

Date:_____

Name:_____
Last First Middle

Home Address:_____ Garden City, NY 11530

Phone:_____ Date of Birth:_____

Name of High School you are attending: _____

Name of your HS Guidance Counselor: _____ Phone:_____

List the seasons in which you played soccer in the Garden City Centennial Soccer Club:

_____ Intramural_____ Travel _____
Must have played in at least three (3) separate seasons

Name of Parent or Guardian: _____

Address (if different): _____ Phone (if different) _____

On a Separate Page Please Attach:
1. A list of all extra curricular school and community activities
2. Explain in approximately 250 words how your soccer experience affected you.

A recommendation is required from a coach in one of the Centennial programs or a soccer coach from your school system. Have them forward the recommendation in a separate envelope to: Garden City Centennial Soccer Club, Scholarship Committee, PO Box 358, Garden City, NY 11530

Eligibility for the Scholarship requires that the applicant:
- must have played at least 3 seasons in one of our programs after the 1st grade
- must be a high school senior residing in Garden City
- must have at least an 80.0 grade point average
- must have applied to and will be attending an accredited university or college in the 2008-2009 school year

I certify that I meet all of the eligibility requirements of the Garden City Centennial Soccer Club's 2008Student Scholarship Program. I also give permission to my High School to release my "Grade Point Average" to a representative of the Centennial Soccer Club if they request it.

_____ _____
Signature of Applicant Signature of Parent or Guardian