



Haddon Heights Soccer Club **Scholarship Program**

Purpose:

The H.H.S.C. Board of Trustees will award a scholarship to (1) male and (1) female graduating senior, who have participated in the Haddon Heights Soccer Club programs. These awards will be based on academic achievement, school activities, participation in the H.H.S.C. program (club and travel), participation in sports and service to the community. Applicants will **not** be selected solely on their soccer abilities or soccer achievements.

Eligibility:

Haddon Heights Soccer Club players and former players who have participated in H.H.S.C. programs for at least 5 years and who will graduate from High School in 2016 and continue their adult education. Awards are subject to the approval of the H.H.S.C.

Scholarship:

The amount of the (2) two awards will be \$500.00 every year for up to (4) four years, depending upon degree program. The recipient of the scholarship must provide proof of full time enrollment for the Fall Semester of each year in order to process payment. At least (1) one male and (1) one female scholarship will be awarded by the H.H.S.C. each year. The male scholarship is named in memory of Tom Migliaccio and the female scholarship is named in memory of Don Davis.

Application:

Candidates must complete the Application and submit it by **April 4, 2016**. Winners will be announced **May 9, 2016**. Award will be made at or around graduation and distribution will be the Fall Semester 2016. Completed applications should be sent to:

Haddon Heights Soccer Club
Scholarship Committee
P.O. Box 277
Haddon Heights, NJ 08035

Haddon Heights Soccer Club Scholarship Application

PERSONAL INFORMATION:

Applicant's Name: _____

Address: _____

Telephone: _____ E-Mail Address: _____

Date of Birth: _____

HIGH SCHOOL INFORMATION:

Class Rank _____ Out of _____

Grade Point Average : _____

Academic Honors : _____

College/ University/ School You Plan To Attend : _____

Major/ Field of Study: _____

Student Government/ Office Held: _____

Activities/ Clubs/ Organizations: _____

Other Honors/ Sports: _____

H.S. Soccer Awards/ Achievements: _____

Other H.S. Sports Awards/ Achievements: _____

H.H.S.C. INFORMATION: Rec and Travel Program

TEAM NAME	SEASON/ YEAR	COACH'S NAME

COMMUNITY SERVICE INFORMATION: _____

CONTACT INFORMATION:

H.S. Coach's Name/ Telephone #: _____

H.S. Counselor's Name/ Telephone #: _____

Community Service Leader Name/ Telephone #: _____

ADDITIONAL INFORMATION:

1. Please prepare a short essay describing what playing soccer in Haddon Heights has meant to you. Attach essay to application.
2. Submit (3) three letters of recommendation. Only (1) one can be from a coach, and only (1) one from a teacher, counselor, or administrator. The third must be from outside of school.
3. Submit the completed application by April 4th, 2016 to:
Scholarship Committee
Haddon Heights Soccer Club
P.O. Box 277
Haddon Height, NJ 08035