

2025 Scholarship Award Application

SUBMISSION DEADLINE: JUNE 30TH

SCHOLARSHIP APPLICATION GUIDELINES

PROGRAM

- 1) Scholarships will be awarded to the most qualified applicants.
- 2) Each scholarship will not exceed One Thousand & Five Hundred Dollars (\$1,500).

GENERAL ELIGIBILITY

- 1) A student who will graduate from Grade 12 during the current year. Student must provide a school transcript.
- 2) A student who has been accepted and is confirmed for full time studies at an accredited post-secondary institution commencing that fall. The student must present proof of post-secondary school acceptance before the scholarship will be awarded.
- 3) A candidate that is registered to a current Woodbridge Soccer Club team and as been for the last 3 consecutive years.
- 4) A candidate that has completed volunteer service work, must include a reference letter.
- 5) Submission deadline is June 30th of each season. All submissions must be received or post- marked by the deadline date and must be submitted with ALL relevant documentation to the Woodbridge Soccer Club.
- 6) A selection committee as appointed by the Board of Directors will review all eligible applications and will select successful candidates.
- 7) The names of the selected recipients will be posted on the WSC website and all social media platforms.

SCHOLARSHIP PAYMENT

Scholarships awarded will be paid by cheque, in the amount of One Thousand, Five Hundred Dollars (\$1,500) and will be presented to the chosen recipient

UNDERTAKING

I certify that all of the information provided on this application form and in all of the accompanying documents are true, accurate and complete.

I have read all of the terms of Eligibility of the Woodbridge Soccer Club Scholarship. By submitting this application I agree to be bound by all of these rules.

I authorize the release of any information to the Scholarship Program, relating to my application, which may be requested from High School, University, government, or community sources, including but not limited to personal evaluations and transcripts. I understand I will have no right of access to such information. I understand the information resulting from such a request will be used for scholarship purposes, which may include publicity or promotion.

APPLICANT INFORMATION

LAST Name:					
FIRST Name:					
Date of Birth: (mr	n/dd/yyyy)				
Address:					
City:			Postal Code:		
Email:			Phone:		
Applicant Signati	ure:				
Date					
If Applicant is un	der 18 years o	f age, parent or legal	guardian signa	ture is also requ	ired:
Parent/Legal Gua	ardian Name:				
Parent/Legal Gua	ardian Signatı	ure:			

PARENT/GUARDIAN INFORMATION

Mother Name:	
Address:	
City:	Postal Code:
Email:	Phone:
Father Name:	
Address:	
City:	Postal Code:
Email:	Phone:
High School: Address:	
Address:	
City:	Postal Code:
Website:	Phone:
LAST THREE (3) SCHOOL YEAR	ARDS YOU HAVE RECEIVED DURING YOUR S (scholarships, sports, citizenship, service, etc.) L PAGE IF NECESSARY TO LIST ACCOLADES.

WHAT IS YOUR INTENDED COURSE OF STUDY OR VOCATIONAL GO	AL?
RIEFLY DESCRIBE YOURSELF AND THE REASON(S) YOU HAVE APHIS SCHOLARSHIP:	PLIED FO

EXTRA-CURRICULAR ACTIVITIES OR COMMUNITY SERVICE WORK

PLEASE PROVIDE ONE SEPARATE PAGE FOR EACH ORGANIZATION YOU HAVE BEEN A PART OF OR ARE CURRENTLY INVOLVED IN.

ORGANIZATION/SPONSOR:	
CONTACT NAME:	
ADDRESS:	
PHONE:	
EMAIL:	
DUTIES PERFORMED:	
NUMBER OF HOURS COMPLETED	

PLEASE INCLUDE A LETTER OF REFERENCE OUTLINING YOUR CONTRIBUTION FROM YOUR SUPERVISOR FOR THIS ACTIVITY.

Please submit completed application in a sealed envelope in person to:

Woodbridge Soccer Club

Attention: The Scholarship Committee

7401 Martin Grove Rd.

Woodbridge, ON L4L 9E4