



Player Name

Date of Birth

Home Phone

Address, City, ST, Zip

Email

Counselor's Signature _____

*verify cumulative (6 semesters) GPA \geq 3.0

.....
List your extracurricular activities (school, community, work):

What are your future educational plans?

Why do you feel you deserve the scholarship?

Player Name

Briefly describe memories and/or sacrifices you made to play soccer at PTHS.

Explain what it means to be a 'team player' and how has playing on the PTHS Soccer team helped to prepare you for your future career?