



# TIMBERLANE YOUTH SOCCER LEAGUE

PO Box 3274, East Hampstead, NH 03826

Tel: 603-382-3344

E-Mail: [nhtysl@timberlaneyouthsoccer.org](mailto:nhtysl@timberlaneyouthsoccer.org)

Website: [www.timberlaneyouthsoccer.org](http://www.timberlaneyouthsoccer.org)

Serving the Youth of Atkinson, Danville, Plaistow, and Sandown

## HIGH SCHOOL SCHOLARSHIP APPLICATION

*\$500 toward college expenses of the 2019-2020 academic year (paid after first semester).*

### 2019 Eligibility Requirements

- Participation:** Student must have played Recreational Soccer in the Timberlane Youth Soccer League (TYSL) Program for a minimum of (3) years, which is considered to be (6) seasons. Any (6) seasons, spring and/or fall, are acceptable.
- Volunteerism:** Student and/or a parent must have volunteered within TYSL for a minimum of (1) year, which is considered to be (2) seasons. Any (2) seasons are acceptable.
- Only completed applications will be accepted (3 PAGES, PLUS ESSAY PAGE). All information blocks and questions must be answered. N/A (Not Applicable) is a valid answer. Do not leave any fields blank.
- Deadline:** May 15<sup>th</sup>, 2019. Applications can be returned to the Timberlane Regional High School Guidance Office or mailed to TYSL, Attn: Scholarship Committee, PO Box 3274, East Hampstead, NH 03826. Mail must be postmarked by 5/15/19.

### STUDENT INFORMATION

LAST NAME:	_____	FIRST NAME:	_____	MIDDLE INITIAL:	_____
DOB: (MM/DD/YR):	_____	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:	_____		_____

### PARENT OR GUARDIAN INFORMATION

MOTHER'S/ GUARDIAN NAME:	_____	FATHER'S/ GUARDIAN NAME:	_____		
ADDRESS:	_____				
CITY:	_____	STATE:	_____	ZIP CODE:	_____
PHONE:	_____	CELL PHONE:	_____		
E-MAIL:	_____				

### SCHOOL INFORMATION

HIGH SCHOOL:	_____	GRADUATION DATE:	_____		
ADDRESS:	_____				
CITY:	_____	STATE:	_____	ZIP CODE:	_____
PHONE:	_____				
COLLEGE CHOICE:	_____				

SIGNATURE OF APPLICANT:	_____	DATE:	_____
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## ESSAY - STUDENT

PLEASE SUBMIT A SEPARATE SHEET OF PAPER WITH A TYPED ESSAY ANSWERING THE FOLLOWING QUESTIONS.

**FOR AN OBJECTIVE REVIEW PROCESS, DO NOT INCLUDE ANY NAMES IN THE ESSAY.**  
**TYPE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER AT THE TOP OF THE ESSAY SHEET.**

WHAT ARE THE QUALITIES THAT MAKE A SUCCESSFUL SOCCER PLAYER? WHICH OF THESE QUALITIES DO YOU HAVE? HOW DID PLAYING FOR TYSL HELP FOSTER THESE QUALITIES IN YOU?

## PARTICIPATION INFORMATION - STUDENT

HOW MANY SEASONS DID YOU PLAY RECREATIONAL SOCCER WITH TYSL? \_\_\_\_\_

PLEASE WRITE THE NUMBER OF SEASONS PLAYED IN EACH AGE DIVISION. IF YOU DID NOT PARTICIPATE IN A PARTICULAR DIVISION, LIST N/A (NOT APPLICABLE) AS YOUR ANSWER.

U 6		U 8		U 10		U 12		U 14		U 16		U 19	
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## VOLUNTEER INFORMATION - STUDENT

LIST TOTAL NUMBER OF SEASONS YOU VOLUNTEERED WITHIN TYSL. \_\_\_\_\_

HOW DID YOU VOLUNTEER? PLEASE ENTER ALL THAT APPLY. IF YOU DID NOT VOLUNTEER IN A PARTICULAR ROLE, LIST N/A (NOT APPLICABLE) AS YOUR ANSWER.

**PLEASE PUT YEARS AND SEASONS (SPRING/FALL) NEXT TO VOLUNTEER ROLE:**

	DIVISION	YEAR AND SEASON
COACH		
ASSISTANT COACH		
OTHER: _____		
OTHER: _____		



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## VOLUNTEER INFORMATION - PARENTS/GUARDIANS

LIST TOTAL NUMBER OF SEASONS YOU (BOTH) VOLUNTEERED WITHIN TYSL.

HOW DID YOU VOLUNTEER? PLEASE ENTER ALL THAT APPLY. IF YOU DID NOT VOLUNTEER IN A PARTICULAR ROLE, LIST N/A (NOT APPLICABLE) AS YOUR ANSWER.

**PLEASE PUT YEARS AND SEASONS (SPRING/FALL) NEXT TO VOLUNTEER ROLE:**

		MOTHER/GUARDIAN	FATHER/GUARDIAN
COACH	U4		
COACH	U6		
COACH	U8		
COACH	U10		
COACH	U12		
COACH	U14		
COACH	U16		
COACH	U19		
ASSISTANT COACH	U4		
ASSISTANT COACH	U6		
ASSISTANT COACH	U8		
ASSISTANT COACH	U10		
ASSISTANT COACH	U12		
ASSISTANT COACH	U14		
ASSISTANT COACH	U16		
ASSISTANT COACH	U19		
LEAGUE OFFICER			
DIVISION COORDINATOR			
OTHER: _____			
OTHER: _____			