



WASA Schaadt Scholarship Application

Please complete and return to: WASA, 670 Meridian Way Suite 122, Westerville, OH 43082

Applicant's Name: _____ Gender: _____ Date of Birth: _____

Address: _____

Email: _____ Phone: _____

High School: _____ Graduation Year: _____

Secondary Ed. Institution: _____ Enrollment Date: _____

WASA Participation Season:
(6 minimum, attach documentation) _____

Community Service

Tell us about the most recent or current community service volunteer activity that you have performed. The person receiving the benefits of this activity must not be a family member. Fill out this form completely and accurately in the space provided. Include separate sheet(s) with additional information, or other volunteer activity.

Describe the activity or service performed.

Who benefited from this service? (May be an individual, an organization or a community.)

What specific tasks or components of the activity did you perform?

Why was the service needed, and what effect has it had on the beneficiary?

Indicate the amount of time applicant spent on this service:

Begin _____ to _____ # of hours per week _____

Academic Achievement

Please list your Academic Achievements (e.g., GPA, honors, significant course work.)

References

Please attach no more than three (3) references supporting your community service activity. These references should address the following items:

- a) What ways did the applicant demonstrate initiative, creativity, leadership and generosity?
- b) How did the applicant go above and beyond what can normally be expected of someone their age?

Essay

Please attach no more than a one-page essay, single or double spaced, on the topic *“Life-long lessons I have learned from WASA soccer”*.

APPLICANT’S AND PARENT’S/GUARDIAN’S CERTIFICATION

I certify that the applicant meets all eligibility requirements of the program as described in the official rules. I also certify that the information I’ve provided is accurate to the best of my knowledge and agree to provide supporting evidence if requested. If the applicant is selected for an award, I agree the information on the application form may be used by the Westerville Amateur Soccer Association for publicity purposes.

Signature of Applicant _____

Date_____

Signature of Applicant’s
Parent/Guardian _____

Date_____

**Return to: WASA Scholarship
670 Meridian Way Suite 122
Westerville, OH 43082**

DEADLINE: Must be Postmarked by the last Monday in January.