

OSA College Scholarship Application

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ SSN/Student ID # _____

Email: _____

Parent/Guardian Information:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

College/University that you will be attending _____

Address _____ Phone _____

City _____ State _____ Zip _____

Applicant must have been a registered player in OSA for at least three seasons within the last four years.

You are required to list below your three (3) most recent seasons of soccer participation within the last four years.

<u>Team Name</u>	<u>Club</u>	<u>Country</u>	<u>Coach</u>	<u>Seasonal Year</u>
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Season 1 _____

Season 2 _____

Season 3 _____

High School GPA _____

Please attach an essay of 500 words or less on what this scholarship would mean to you.

Complete application and return it with your essay and a certified copy of your high school transcript. Application deadline is March 31. Mail to OSA, ATTN: Scholarship Committee, P.O. Box 35174, Tulsa, OK, 74153.

I hereby certify that all of this information is complete and accurate:

Signatures

Applicant _____ Parent/Guardian _____

Date _____

Date _____