



## MIKE KABANICA SOCCER SCHOLARSHIP APPLICATION

*To be eligible you must be graduating high school in spring 2018 and a WYSA member in 2017/2018.*

### PLAYER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Principal: \_\_\_\_\_

Accumulated Grade Point Average (Based on a 4.0 scale) \_\_\_\_\_ (ATTACH OFFICIAL TRANSCRIPTS)

Current Soccer Club: \_\_\_\_\_ President: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College/University you plan to attend after high school: \_\_\_\_\_

## SOCCER INFORMATION

Total number of years you have played soccer \_\_\_\_\_

Total number of years you have played Wisconsin Youth Soccer Association affiliated soccer \_\_\_\_\_

List the Wisconsin Youth Soccer Association clubs you have played for:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you played high school soccer?      Yes      No      Number of years? \_\_\_\_\_

    If yes, were you Captain?      Yes      No      Number of years? \_\_\_\_\_

Have you been a USSF registered referee?      Yes      No      Number of years? \_\_\_\_\_

Have you participated in ODP?      Yes      No      Number of years? \_\_\_\_\_

Have you participated in TOPSoccer?      Yes      No      How many years? \_\_\_\_\_

    If yes, what location(s)? \_\_\_\_\_

Have you coached youth soccer?      Yes      No      Number of years? \_\_\_\_\_

    If yes, what club(s)? \_\_\_\_\_

Have you volunteered for your soccer club?      Yes      No      How many hours per year? \_\_\_\_\_

    If yes, what club(s)? \_\_\_\_\_

List any other soccer related activities you been involved in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sportsmanship Profile: Provide details regarding your team honors (high school and club) and any difficulties with penalties, suspensions or challenges.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COMMUNITY AND SCHOOL ACTIVITIES, HONORS, AND AWARDS

List all school activities and organizations you have been involved with and annual number of hours:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

List all community activities and organizations you have been involved with and annual number of hours:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Community Service: Tell us about your involvement in community service and annual number of hours:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## PERSONAL REFLECTIONS

Please provide a brief narrative on each of the following topics and how they relate to you.

My Greatest Moment in Soccer...

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Person Who Influenced You and How...

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Future Career Plans...

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## RECOMMENDATIONS

Include the following three letters of recommendation with your application. Letters from your club or high school must be submitted on official letterhead. Recommendations should address the applicant's character, involvement in school activities, participation in other activities, etc.

1. Soccer Coach or someone from your soccer organization
2. School Representative (teacher, counselor, athletic director, etc.); include verification of grade point average (official transcript)
3. Any other person of choice excluding a relative or family member

## SUBMISSION

All applications must be submitted completely. Any submission missing any of the following information may be excluded from consideration for the Mike Kabanica Scholarship.

1. Completed, legible scholarship application
2. Official transcript from applicant's high school
3. Recommendation letters (no more than three)

**Applications must be postmarked by FRIDAY, March 2, 2018**

*Applications postmarked after March 2, 2018 will not be eligible for consideration.*

### Mail Application to:

Wisconsin Youth Soccer Association  
Attn: MK Scholarship  
10427 W Lincoln Ave, Suite 1100  
West Allis, WI 53227