Applicant Criteria:

Applicant must be a high school senior who played for Mariner Youth Soccer for a minimum of 4 years.

1. Applicant/Family Background	
Applicant Name:	
Address:	
Telephone: Email:	
How many years did you play at Mariner Youth Soccer in either the Fall Recreation or Travel Progra	am
(Summer League should not be included)?	
2. Academic Information	
High School Attended:(Please submit a copy of your transcript with this application)	
Academic Awards:	
Clubs/Activities:	
Outside of School Activities/Employment:	

	Accepted?	
Name	Yes	No
3. Personal References		
Please enclose a minimum of two (2) personal references fro other than relatives.	om coaches, teachers o	r other individuals
4. Personal Statement		
Please submit a minimum of 250 word essay/statement sha Mariner Youth Soccer and how it benefited you.	ring with us your expe	rience with
Applicant Signature	Date	
Please submit all documentation to:		
Mariner Youth Soccer Association, P.O. Box 958, Mattapoise	tt, MA 02739 OR	
Email to: marinerscholarships@gmail.com		

Deadline for applications: April 15, 2024

Please identify the college(s) to which you have applied and your current acceptance status: