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 Program (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 other than relatives.	l references from coache	s, teachers o	r other individuals	
4. Personal Statement				
Please submit a minimum of 250 word essay/statement sharing with us your experience with Mariner Youth Soccer and how it benefited you.				
Applicant Signature	Dat	te		
Please submit all documentation to:				
Email to: angela@marineryouthsoccer.onmic	rosoft.com			

Deadline for applications: April 15, 2025

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