



# Scholarship Application

## Milwaukee Kickers Soccer Club, Inc.

7101 W. Good Hope Rd.  
Milwaukee, WI 53223-4612

Tel. (414) 358-2678  
Fax (414) 358-2572

PLEASE PRINT

**MUST BE SUBMITTED  
TO THESE OFFICES BY  
FEBRUARY 15  
OF AWARD YEAR**

**SEND TO:**

Scholarship Committee  
c/o Milwaukee Kickers  
Soccer Club, Inc.  
7101 W. Good Hope Rd.  
Milwaukee, WI 53223

• Please attach a letter of recommendation from at least one MKsc coach confirming the applicant's qualities of sportsmanship, team spirit, character and personal development, and record of growth and responsibility.

• Please attach letter from at least one Regional Director to verify parents'/applicant's service to club.

• Applicant will submit an essay of up to 200 words on a subject relating to his/her personal growth and learning experiences as a member of MKsc. Applicants may also be requested to take part in an interview as part of the screening process.

• Please attach proof of admission to an accredited college or university.

**CERTIFICATION:** All of the information on this application form is true and complete to the best of my knowledge, and if asked by MKsc, I will provide proof of information which is provided herein.

Applicant Name Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Marital Status \_\_\_\_\_ Year in High School: \_\_\_\_\_

Year in College \_\_\_\_\_ College or University\* \_\_\_\_\_

\*Please attach most recent college grade transcript

**PLAYING EXPERIENCE WITH MKsc**

(Begin with most recent team)

Team \_\_\_\_\_ MKsc Region \_\_\_\_\_ Dates \_\_\_\_\_

Team \_\_\_\_\_ MKsc Region \_\_\_\_\_ Dates \_\_\_\_\_

Team \_\_\_\_\_ MKsc Region \_\_\_\_\_ Dates \_\_\_\_\_

Team \_\_\_\_\_ MKsc Region \_\_\_\_\_ Dates \_\_\_\_\_

**OTHER SERVICES TO MKsc:**

Team \_\_\_\_\_ MKsc Region \_\_\_\_\_ Dates \_\_\_\_\_

Service \_\_\_\_\_

Team \_\_\_\_\_ MKsc Region \_\_\_\_\_ Dates \_\_\_\_\_

Service \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PARENTS' ACTIVITIES WITH MKsc:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_