

KYLE OWEN CLASSIC SCHOLARSHIP

2004 Scholarship Award Application

(Application must be received by March 1, 2004)

Date: _____

Submission of this application grants permission to the selection committee to investigate and verify any information relevant to the award whether specifically contained in this application or otherwise considered relevant. (Please type or print)

PERSONAL DATA

Name: _____
Last Middle MI

Address _____
Street City
_____ State Zip Code

Email: _____

Social Security # _____

Telephone # (____)-_____

Father's Wk # (____)-_____

Mother's Wk # (____)-_____

Name: _____
Last Middle MI

Name: _____
Last Middle MI

List top three colleges applied to in order of preference: (List name and location)

1 _____

2 _____

3 _____

Have you been accepted by any of these colleges? If so, which ones? (List name and location) _____

Have you committed to attend any of these colleges? If so, Which one? _____

Why did you select this college? _____

List sources of financial assistance for college expenses including any other academic or athletic scholarships (Aid from parents, trusts, student loans, etc.): _____

Enclose written references from the following, on appropriate letterhead, with your completed application:

- High school counselor
- High school teacher
- Present club coach

Additional references may be submitted if desired. (i.e. church, high school coach, extracurricular sponsor)

List community service hours and organizations:

_____	Hrs	_____	Phone #
_____	Hrs	_____	Phone #
_____	Hrs	_____	Phone #

SOCCER HISTORY / EXPERIENCE

Club Team: _____

Club Coach: _____
Name Phone #

School Team: _____

School Coach: _____
Name Phone #

Years soccer played: _____ / _____ / _____
Recreational / Select / High School

How many different teams have you played for in select soccer? _____

A & D History:

2003/2004 soccer year (9/1/02 to application date)

Club Soccer (including tournaments)
Number received / Points assessed

School Soccer
Number received

Yellow card cautions:	_____ / _____	_____
Yellow card cautions:	_____ / _____	_____
“Soft red cards: (UIL only)		_____

ODP Experience:

Years participation: _____

Highest level attained: _____

If experience is not in the NTSSA program, please give details: _____

SCHOLASTIC DATA

High school(s) attended: _____ 9 10 11 12
_____ 9 10 11 12

Counselor's name: _____ (_____) _____
Phone #

GPA / Scale _____ / _____ After fall 2003 semester
GPA Scale

SAT scores: Verbal _____ Math _____ Date taken: _____

ACT Composite score: _____

Please list present courses. Indicate which ones are AP or Honors, if any:

Class rank: TOP 1/3 MIDDLE 1/3 BOTTOM 1/3

Numerical rank if applicable: _____ out of _____

Graduation date: _____
Month Year

Please list any academic and/or athletic awards received: _____

Extracurricular activities, leadership positions:

Please list other activities, including other varsity sports, in which you participated during high school:

<u>Activity</u>	<u>Position Held</u>	<u>Years Participated</u>

Work Experience:

Please list any work experience (including summer employment) you have held since age of 16:

<u>Nature of Work</u>	<u>Employer (Name & Phone #)</u>	<u>Dates of employment</u>

Essay:

On a separate piece of paper, please type a short essay (300 to 500 words) indicating **why you should receive this award.**

Is a copy of your 'Free Application for Federal Student Aid' (FAFSA) form available? Yes No

Eligibility Criteria:

You must graduate from High School, be accepted and attend an accredited four year college to receive this award. The choice of recipients is final and no appeals of the selection committee's decisions will be accepted. A committee represented by Kyle Owen's Family and representatives of the Dallas Burn Soccer Club and the Dallas Sidekicks Soccer Club will informally interview all finalists.

Selection will be based on the following criteria:

Scholastic performance (including test scores), citizenship/leadership history, intent to play soccer at the college level, A & D history, interview evaluations and financial need.

For the protection of the student/athlete the Kyle Owen Classic Scholarship Fund may modify the terms of this award in order to comply with NCAA Bylaws Section 15.2.5.5 or other applicable sections.

I hereby apply for the Kyle Owen Classic Scholarship Award and certify that all of the information provided here is my own work and, to the best of my knowledge, is complete and accurate.

Signature: _____ Date: _____

Mail application to:

Kyle Owen Classic Scholarship
6918 Vista Willow Dr
Dallas Texas 75248

For questions call:

Ray Hirschowitz
(469) 363 0292