ZYSA ERIN DIXON MEMORIAL SCHOLARSHIP

At the age of 9, Erin Dixon began playing soccer for what is now ZYSA and played from 1995-1998. Erin was a leader, a gifted soccer player, a shining example of sportsmanship, and a player who loved the game of soccer. In what would be her final spring season, Erin led her U12 team to an undefeated season. Tragically, Erin died of complications following a cardiac arrest in August 1998. Her family, friends, teammates, and ZYSA will always remember Erin for her desire, abilities and love of life.

The ZYSA Erin Dixon Memorial Scholarship was established to honor Erin’s memory and to award those ZYSA players who best exemplify the many positive qualities Erin brought to soccer and to life.

ZYSA will award a one-year, non-renewable scholarship to 2 female and 2 male seniors who have participated as a player, referee or coach in ZYSA programs in the current season. The Scholarship will be in an amount not to exceed $1,000.00 (one thousand dollars). Applicants will be judged on the basis of soccer participation for ZYSA, academic achievement, character, and leadership. Furthermore, applicants should be enrolled at a fully accredited institution of higher education and must have submitted a complete application on or before May 1 of their high school graduation year.

A Scholarship Selection Committee, comprised of ZYSA Executive Committee members or their designees, will review all scholarship applications.

The recipients of the ZYSA Erin Dixon Memorial Scholarship will be announced on the ZYSA website and will be awarded to the recipients upon receipt of an official enrollment records and invoice receipts from the institutions they have chosen to attend.
ZYSA ERIN DIXON
MEMORIAL SCHOLARSHIP APPLICATION

1. Student Information

Name: ____________________________________________________________

Last           First           MI

Permanent Address: ___________________________________________________

Street         City       State   Zip

Date of Birth: _______________________________________________________

Sex: __________ Telephone: (___)_____________ Graduation Date: ________________

Mo/yr

2. Family Information

Name of Parent / Guardian: _____________________________________________

Last           First           MI

Permanent Address: ___________________________________________________

Street         City       State   Zip

Telephone Home: (___)_________________ Telephone Work: (___)_____________

Name of Employer: __________________________________ Position/Title: ___________

Employer Address: ___________________________________________________

Street         City       State   Zip

Name & Ages of children other than applicant: ________________________________

________________________________________________________________________

3. College / University / Trade School Information

School you plan to attend: ___________________________ Phone: ______________

Admissions or Bursar

Address: ______________________________________________________________

Street         City       State   Zip
Have you been accepted? Yes ___ No ___ If no, please explain:

________________________________________________________________________
________________________________________________________________________

Major Field of Study: _________________________ This is a ___ 2yr ___ 4yr program

4. **Student Activities**
Please list soccer activities (player, referee, coach, mentor) in which you have participated in for ZYSA.

5. **Work Experience**
Please list your employment history outside of school hours and/or during vacations: Do you plan to work while in school? Yes ___ No ___

6. **Applicant Essay**
Attach a one page typed paper to your application explaining the value of your participation in soccer to your life experience, and to your preparation for school.
7. **Parent / Guardian & Student Signatures**
I hereby authorize the transfer of this applicant’s transcript to the Scholarship Selection Committee, and the completion of this application by the Guidance Department. I further authorize the review of this application and transcript, by the aforementioned Scholarship Selection Committee of ZYSA, for the sole purpose of consideration for this scholarship award. Furthermore, I acknowledge that the information provided herein is true and correct.

_________________________________________________ _____________________
Student Signature Date

_________________________________________________ _____________________
Parent / Legal Guardian Signature Date

_________________________________________________ _____________________
Parent / Legal Guardian Signature Date

8. **Guidance Department Completion**
Student’s GPA: _______ Student is in good standing:___ Yes___ No Comments (optional):

Authorized Guidance Signature: ___________________________________________

Print Name and Title: ___________________________________________________

Date: ______________________
9. **Teacher’s Recommendation**
Applicant Directions: Please fill in your name below and remove this sheet from the application and give it to a teacher that knows you well enough to complete this recommendation along with a stamped envelope addressed to:

ZYSA  
Scholarship Application  
P.O. Box 5041  
Zionsville, IN 46077

Student Name: ___________________________________________________________

Teacher: __________________________________________________________________

In what capacity do you know this student? ______________________________________

____________________________________________________________________________

Has this student’s academic performance been exemplary? Yes ___ No ___

Has this student exhibited leadership capabilities? Yes ___ No ___

Has this student exhibited high moral character? Yes ___ No ___

Additional Comments (please feel free to make any additional comments that you feel would help the selection committee better evaluate this student’s application)

Teacher’s Signature: __________________________________ Date: ____________

Teacher Directions: Upon completion of this form, please mail to ZYSA
10. **Coach’s Recommendation**
Applicant Directions: Please fill in your name below and remove this sheet from the application and give it to your High School soccer coach or ZYSA coach of your choice to complete along with a stamped envelope addressed to:

ZYSA  
Scholarship Application  
P.O. Box 5041  
Zionsville, IN 46077

Student Name: ___________________________________________________________

Coach: ________________________________________________________________

In what capacity do you know this athlete: _________________________________

_____________________________________________________________________

Has this athlete exhibited characteristics of true sportsmanship? Yes ___ No ___

Has this athlete exhibited high moral character? Yes ___ No ___

Has this athlete made a significant contribution to your athletic program? Yes ___ No ___

Additional Comments (please feel free to make any additional comments that you feel would help the selection committee better evaluate this athlete’s application)

Coach’s Signature: __________________________  Date: ____________  Coach’s
Directions: Upon completion of this form, please mail to ZYSA.
11. Other Recommendation
Applicant Directions: Please fill in your name below and remove this sheet from the application and give to someone that knows your ZYSA soccer participation well enough to complete along with a stamped envelope addressed to:

ZYSA
Scholarship Application
P.O. Box 5041
Zionsville, IN 46077

Student Name: ___________________________________________________________

Respondent: _____________________________________________________________

In what capacity do you know this student? __________________________________

_______________________________________________________________________

Has this student’s soccer performance been exemplary? Yes ___ No ___

Has this student exhibited leadership capabilities? Yes ___ No ___

Has this student exhibited high moral character? Yes ___ No ___

Additional Comments (please feel free to make any additional comments that you feel would help the selection committee better evaluate this student’s application)

Respondent’s Signature: __________________________________ Date: ____________

Respondent’s Directions: Upon completion of this form, please mail to ZYSA.