

# Chamber Classic Soccer Alliance Inc.



## 2026 Scholarship Award Application

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 First MI

**Address:** \_\_\_\_\_  
Street City  
\_\_\_\_\_ State Zip code

**Social Security#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Telephone #:** ( ) - \_\_\_\_\_

**Father's wk #:** ( ) - \_\_\_\_\_

**Mother's wk. #:** ( ) - \_\_\_\_\_

**Father's name:** \_\_\_\_\_  
Last First MI

**Mother's name:** \_\_\_\_\_  
Last First MI

Colleges Where Applied	Have you been accepted? Yes or No	Amount of Scholarship Awarded
1		
2		
3		

Have you selected a college and why did you select this college? \_\_\_\_\_

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

Enclose written references from the following with your completed application.

- High School Counselor
- High School Teacher
- Club Soccer Coach

Additional references may be submitted if desired. (i.e. church, high school coach, extracurricular sponsor) If you have a Player Profile sheet please attach.





