



Mail Application to:
 Wisconsin Youth Soccer Association
 ATTN: MK Scholarship
 10201 W Lincoln Ave, Suite 207
 West Allis, WI 53227

Attach
Photo
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MIKE KABANICA SOCCER SCHOLARSHIP APPLICATION

*TO BE ELIGIBLE YOU MUST BE GRADUATING HIGH SCHOOL IN SPRING 2012
 AND A CURRENT 2011-2012 WYSA MEMBER*

PLAYER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

High School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Principal: _____

Accumulated Grade Point Average (Based on a 4.0 scale) _____ (PLEASE ATTACH OFFICIAL TRANSCRIPTS)

Current Soccer Club: _____ President: _____

Address: _____

City: _____ State: _____ Zip: _____

College/University you plan to attend after high school: _____

SOCCER INFORMATION

Number of years you played high school soccer _____

Total number of years you have played soccer _____

Total number of years you have played Wisconsin Youth Soccer Association affiliated soccer _____

List the Wisconsin Youth Soccer Association clubs you have played for:

List other soccer related activities you been involved in: (i.e. Refereeing, Soccer Camps, Coaching, Club Volunteer, TOPSoccer, etc)
