

# **DON COLLINS MEMORIAL SCHOLARSHIP**

Dear Senior,

The Plano Youth Soccer Association, Inc. annually sponsors the **DON COLLINS MEMORIAL SCHOLARSHIP** for graduating Seniors LIVING within Plano Independent School District boundaries. The scholarships are awarded to a minimum of six (6) students selected by our Scholarship Committee. The awards in the amount of \$2,000 each are forwarded directly to the college of their choice to defray the cost of tuition and other expenses.

Eligible seniors must be current soccer players either through PYSA or their high school and/or current referee/linesman.. Criteria considered for selection includes academic standing, years of soccer participation & dedication, financial need, personal contributions to the community and personal recommendations.

The application and all required materials are due by Monday, **March 26, 2018**. Please return by mail or in person to:

**PLANO YOUTH SOCCER  
DON COLLINS MEMORIAL SCHOLARSHIP COMMITTEE  
221 West Parker Rd., Ste. 480  
PLANO, TEXAS 75023**

The office is open 8:00am to 5:00pm, Monday through Friday. Should you have any questions, please contact the office at 972-422-7972.

Sincerely,

*George Ostrander*

George Ostrander  
Chairperson, Don Collins  
Scholarship Committee

**DON COLLINS  
MEMORIAL SCHOLARSHIP  
(Sponsored by Plano Youth Soccer)  
APPLICATION  
(PRINT CLEARLY ON THIS FORM)**

Applicant Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_: (necessary if recipient)

Address: \_\_\_\_\_, \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ - \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ - \_\_\_\_\_

Have you been? A Linesman  Yes  No A Referee  Yes  No A Player  Yes  No

Number of years played Soccer: \_\_\_\_\_ Current Team Name \_\_\_\_\_ League \_\_\_\_\_

Coaches Name: \_\_\_\_\_  Recreational  Competitive

Number of years as a Linesman \_\_\_\_\_ Number of years as a Referee \_\_\_\_\_

Assignors Name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ League: \_\_\_\_\_

High School attended: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank as of January: number \_\_\_\_\_ of \_\_\_\_\_ (class size)

Scholastic Honors: \_\_\_\_\_  
\_\_\_\_\_

Extra curricular Activities: \_\_\_\_\_  
\_\_\_\_\_

Are you employed  Yes  No If yes, what is your normal work schedule? \_\_\_\_\_

Community Activities: \_\_\_\_\_  
\_\_\_\_\_

College Preference:	Applied	Accepted	Will Attend
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any disabilities the Scholarship Committee should be aware of?  Yes  No If yes, please explain:

\_\_\_\_\_

Do you have a learning disability resulting in a 504 labeling on file at school?  Yes  No

Names of the two educators that will be completing the attached **Recommendation Report:** ( Educator must complete and mail seperately)

(1) \_\_\_\_\_ How known \_\_\_\_\_

(2) \_\_\_\_\_ How known \_\_\_\_\_

What course of study do you plan to pursue? \_\_\_\_\_

Please state your reason for applying for this scholarship and why it would be important to you if granted: \_\_\_\_\_

Please state your goals in furthering your education: \_\_\_\_\_

Please state how the game of Soccer has influenced your life: \_\_\_\_\_

\_\_\_\_\_  
( Signature )

\_\_\_\_\_  
( Date)

**Return the following :**  
**COMPLETED APPLICATION (completed by applicant)**  
**TWO RECOMMENDATION REPORTS (completed and mailed by educator)**  
**FINANCIAL STATEMENT (completed by parents)**  
**JANUARY VALIDATED HIGH SCHOOL TRANSCRIPT INCLUDING CLASS RANK ( sent by Senior High)**

**TO: Plano Youth Soccer**  
**DON COLLINS MEMORIAL SCHOLARSHIP COMMITTEE**  
**221 West Parker Rd., Ste. 480**  
**PLANO, TEXAS 75023**

# DON COLLINS MEMORIAL SCHOLARSHIP (Sponsored by Plano Youth Soccer)

## APPLICANT'S RECOMMENDATION REPORT

(TYPE OR PRINT CLEARLY ON THIS FORM)

Applicant Name: \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_ years

How well do you know the applicant? \_\_\_ Very Well \_\_\_ Fairly Well \_\_\_ Not Very Well

**Please rate the applicant in the following areas:**

	Superior	Above Average	Average	Below Average
Makes friends easily	_____	_____	_____	_____
Sets an example of good conduct for other students	_____	_____	_____	_____
Shows interest & concern for the welfare of others	_____	_____	_____	_____
Verbal communication with others	_____	_____	_____	_____
Adjusts to a busy schedule of activities without neglecting school work and other responsibilities	_____	_____	_____	_____
Shows self control and performs well	_____	_____	_____	_____
Capacity to read with accuracy and comprehension	_____	_____	_____	_____
Ability to do academic work at the college level	_____	_____	_____	_____
General Knowledge	_____	_____	_____	_____
Reliability and dependability	_____	_____	_____	_____
Judgement and reasoning ability	_____	_____	_____	_____
Cooperative (friendly, working with others)	_____	_____	_____	_____
Character, personality and social ability	_____	_____	_____	_____

General comments on the applicant and how he/she will perform at the college level: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLANO YOUTH SOCCER THANKS YOU FOR YOUR TIME, CONCERN AND COOPERATION.**

Please complete and return directly to Plano Youth Soccer  
Plano Youth Soccer, 221 West Parker, Ste. 480, Plano Texas 75023

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

