



**Stafford Soccer**  
**Student Athlete Scholarship Application**  
**In partnership with Stafford Hospital**



## Stafford Hospital

Please complete all sections of the application.

**The deadline for submission is 11:59 pm on April 1, 2024**

Dear Applicant:

Thank you for your interest in the Stafford Soccer Student Athlete Scholarship Application, in partnership with Stafford Hospital.

When complete, your application should be emailed to [traveldirector@staffordsoccer.com](mailto:traveldirector@staffordsoccer.com)

In fairness to all applicants, **we will not consider any applications received after 11:59pm on April 1, 2024.**

1. Applicants must be high school seniors planning to attend a college.
2. Applicants must be a registered Stafford Soccer player during the Fall 2023 season, or registered for the Spring 2024 season.
3. Applicants must be pursuing a degree in a medical related field (Pre-med, Athletic Training, Occupational Therapy, Nursing, Psychiatry, etc.)
4. The application must be completed in full; incomplete applications will not be eligible for consideration.
5. Applications must be received by 11:59 pm on April 1, 2024.

Thank you again for your interest! If you have any questions or comments regarding this Scholarship, please email [traveldirector@staffordsoccer.com](mailto:traveldirector@staffordsoccer.com)

### SECTION 1 – PERSONAL INFORMATION

Name:	Date of Birth: M <input type="checkbox"/> F <input type="checkbox"/>
Address:	Alternate address:
Phone:	Cell Phone:
Email address:	
Please list your intended area of study related to a medical field:	



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### SECTION 2 – ACADEMIC INFORMATION

Name of High School: \_\_\_\_\_

GPA: \_\_\_\_\_

High School Rank: \_\_\_\_\_ out of \_\_\_\_\_

SAT/ACT Scores: \_\_\_\_\_

Anticipated major(s): \_\_\_\_\_

Did you play in the Travel Division: \_\_\_\_\_ or Recreational Division: \_\_\_\_\_

### SECTION 3 – ACTIVITIES AND INTERESTS

A. List and briefly describe your high school extracurricular activities (e.g. memberships in organizations, sports, etc.):

Organization	Position Held	Date of Involvement

Brief description of your responsibilities / position:



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B. List and briefly describe volunteer activities in which you have been involved:

Did you volunteer at the St. Patrick's Day Soccer Tournament during your High School Years?

If yes, please provide details:

Organization	Activity	Date of Involvement

Brief description of how you participated:

C. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

Award/Honor	Institution/Organization	Date



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### SECTION 4 – ESSAY

**MAXIMUM** word count: 100 per question for questions **A & B**. **C = Main Essay - 500 word MINIMUM**

A. Why did you choose the College/University, or Higher Learning Institute you are planning on attending?  
(100 words maximum):

B. What impact has participating in Stafford Soccer had on your life? (100 words maximum):



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C. Please write an essay (**MINIMUM 500 words**) on this topic “Which medically related degree do you plan on pursuing; and why?”

*Please attach this essay to application.*

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**Submitting your application (*PDF is preferred*)**

**All questions must be answered. If you do not have an answer, please fill in: N/A**

**Please submit the following to be considered for the Stafford Soccer scholarship:**

- 1. Completed application form**
- 2. Letter(s) of recommendation**

**This application is due no later than 11:59 pm on Monday April 1, 2024**

**Please email your documents to: [traveldirector@staffordsoccer.com](mailto:traveldirector@staffordsoccer.com)**