**JERRY FRICK SCHOLARSHIP AWARD**

This scholarship is given to honor the legacy of Jerry Frick. The scholarship will cover the cost of one player and his/her caregiver to Power Soccer Camp.

**Scholarship Criteria:**

* Registered athlete with USPSA
* Has competed in power soccer for no more than three (3) seasons
* Athlete and caregiver must be able to provide transportation to and from camp
* Letter of recommendation from coach
* Essay on why you want to attend power soccer camp

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| **Please submit the application, letter of recommendation and essay to:** | | |
| Sarah Schwegel  4055 Laclede Ave  Apt 114  St. Louis, Mo 63108 | OR | sarah.schwegel@powersoccerusa.org |

**APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** |  | | | | | | **# OF YEARS IN SOCCER** | | | |  |
| **ADDRESS** |  | | | | | | | | | | |
| **CITY** |  | | **STATE** | |  | | | | **ZIP** |  | |
| **PHONE #** |  | | **E-MAIL** | | |  | | | | | |
| **PARENT/GUARDIAN NAME** | |  | | | | | | | | | |
| **ADDRESS** |  | | | | | | | | | | |
| **CITY** |  | | **STATE** | |  | | | | **ZIP** |  | |
| **PHONE #** |  | | **E-MAIL** | | |  | | | | | |
|  |  | |  | | |  | | | | | |
| **COACH NAME** |  | | **COACH PHONE #** | | | | |  | | | |
| **TEAM NAME** |  | | **COACH E-MAIL** | | | | |  | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PARTICIPANT SIGNATURE AND DATE** | | |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PARENT/GUARDIAN SIGNATURE AND DATE** | | | | | | | |

**JERRY FRICK SCHOLARSHIP AWARD APPLICATION (CONTINUED)**

**ESSAY PORTION**

**In the space below, using a minimum of 500 words and a maximum of 1,000 words, please describe why you want to attend Power Soccer Camp (write or type).**

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THE APLICATION DEADLINE WILL BE **MAY 1ST.**

SCHOLARSHIP RECIPIENTS WILL BE ANNOUNCED BY THE END OF MAY.