The David Pickeral Memorial Scholarship

Virginia Legacy Soccer Club 109 Bulifants BLVD – Suite A Williamsburg, VA

www.valegacysoccer.com Obrien@valegacysoccer.com

Application Form

Personal Information		
Name		DOB
Address		Phone
~		Email
Team Name		Number of Years w/ VLSC
Current and Former VLSC Coaches		Colleges/Universities Applied to
College/University You Plan to Attend_		
Address of the FINANCIAL OFFICE wher	e the award will be	e mailed
,		
Intended Course of Study		
High School Education Informatio	on	
High School	Class Rank	Cumulative GPA

Activity	Position/Award	Total Hours	Completed
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ist all academic honors, av	vards, and achievements ea	rned during high so	chool
		ar a	
		5000	
'mployment Francis	P. M.		
Employment Experience	Position	Hrs/Week	Weeks/Yr
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mployment Experience	Position	Hrs/Week	Weeks/Yr
Imployment Experience	Position	Hrs/Week	Weeks/Yr
mployment Experience	Position	Hrs/Week	Weeks/Yr
	Position	Hrs/Week	Weeks/Yr
mployment Experience	Position	Hrs/Week	Weeks/Yr
ssay and Attachments			
ssay and Attachments	Position To please write a 200-500 we in a team sport that you is	ord assay avalaining	
ssay and Attachments n a separate piece of paper arned from participating	, please write a 200-500 we	ord assay avalaining	what you k

Financial Information Party/Parties financially responsible for you Name____ Occupation____ Occupation____ Employer____ Employer_____ Names of siblings and ages Gross annual family income (Check One) ___Less than \$35,000 ____\$35,000 to \$50,000 ____\$50,001 to \$70,000 ____\$70,001 to \$90,000 ____Over \$90,000 Are there any unusual circumstances that curtail the family income or increase expenses? (Explain in detail) List ALL scholarships you have applied to Scholarship Name Dollar Amount

Have you ever been suspended from high school (in school or out of school)?			
If yes, please provide a brief explanation.			
8			
I hereby certify to the accuracy of the facts and attapplication.	achments that I have provided in this		
Signature of Parent or Guardian	Signature of Applicant		
Date	Date		