



**LAKE COUNTRY UNITED SOCCER SCHOLARSHIP**  
Administered by the  
**Arrowhead Scholarship Fund**

**Application** - This application is to be completed and submitted to the Arrowhead Scholarship fund committee by **Monday April 5, 2010**.

Mail to:  
**Arrowhead Scholarship Fund**  
P.O. Box 462  
Hartland, WI 53029

**Requirements** for the **Lake Country United Soccer Scholarship** include:

- Acceptance at a two or four-year university/college/technical college
- Must be an Arrowhead senior
- First consideration will be given to seniors that played a minimum of 2 years for Lake Country United Soccer Club during their high school years.
- Second consideration will be given to Arrowhead seniors having played AHS soccer.
- Minimum GPA of 2.5
- Completed application must be submitted by **Monday April 5, 2010**
- Selection criteria for this award also include academic performance, school involvement, character, leadership, employment history, and community service.

**Recommendations:**

**TWO** written recommendation letters must be submitted to the ASF committee. Recommendations must be from two people unrelated to the applicant and **only one** may be a teacher at Arrowhead. Letters must be submitted by **Monday April 5, 2010**

- **PART I** of the recommendation form should be completed by the applicant and then handed to the person he/she wishes to use as a reference.
- **PART II** is to be completed by the individual making the recommendation who should submit their letter of recommendation by mail directly to:

**Arrowhead Scholarship Fund**  
P.O. Box 462  
Hartland, WI 53029



## Lake Country United Soccer Scholarship

(Administered by the Arrowhead Scholarship Fund)

### APPLICATION

To be completed by the candidate.

1. Name \_\_\_\_\_

Last Name

First Name

Middle

2. Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

3. List LCU team name(s), coach(es), and U- levels played and/or AHS soccer experience.

4. If not living with parents, explain and give name and address of guardian or nearest relative:

5. List your activities since entering high school in the appropriate grids below.

You may attach additional pages if needed.

School Related Activities	9 <sup>th</sup> Grade/ Position Held	10 <sup>th</sup> grade/ Position Held	11 <sup>th</sup> grade/ Position Held	12 <sup>th</sup> grade/ Position Held
Examples: Sports, Theater/Music, NHS, Student Senate, Principal Council, Yearbook Editor etc.				
[example] Basketball	Team member (freshman team)	Team member (JV)	Team Member (Varsity)	Captain (Varsity)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

<b>Activities Outside School</b> Examples: Boy/Girl Scouts, 4-H, Recitals, Lessons, Sports not sponsored by AHS	9 <sup>th</sup> Grade/ Position Held	10 <sup>th</sup> grade Position Held	11 <sup>th</sup> grade/ Position Held	12 <sup>th</sup> grade/ Position Held
	[example] Boy Scouts	member	member	member
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please estimate the number of PRODUCTIVE hours for each service activity performed.

<b>Community Service</b> Examples: Mission Trips, Soup Kitchen, Church Activities, Crop Walk	9 <sup>th</sup> Grade/ Hours per service	10 <sup>th</sup> grade/ Hours per service	11 <sup>th</sup> grade/ Hours per service	12 <sup>th</sup> grade/ Hours per service
[Example] Mission trip to New Orleans		24 hours		
1				
2				
3				
4				
5				
6				
7				
8				
<b>TOTAL HOURS</b>				

6. List any full and part-time jobs since entering high school:

Employer	Responsibility	Total # Hours Employed	Supervisor's Name & Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Name of college, university, or technical school, etc. you plan to attend.

\_\_\_\_\_

8. Major or intended career goals: \_\_\_\_\_

9. Annual expenses at school you plan to attend (estimated):

Tuition\_\_\_\_\_ Board\_\_\_\_\_ Room\_\_\_\_\_

Additional Expenses\_\_\_\_\_ TOTAL\_\_\_\_\_

List how you expect to finance your education. (Check all that apply)

\_\_\_\_ Personal Employment      \_\_\_\_ Personal Savings

\_\_\_\_ Family Contributions      \_\_\_\_ Grants

\_\_\_\_ Student Loans      \_\_\_\_ Scholarships

10. Please discuss in a typed essay (attach to the application):

- Your future goals and how your Arrowhead experience has helped shape those goals.
- Are there any additional circumstances that have impacted your life that you would like the committee to know? (Optional)

I authorize Arrowhead High School to release the necessary records including my **transcripts, test scores, attendance records, and teacher ratings and observations** to the Arrowhead Scholarship Foundation.

I have read all the statements on this application form. To the best of my knowledge and belief, the information I have furnished on this application is complete and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature



**Lake Country United Soccer Scholarship  
RECOMMENDATION  
#1**

The applicant should fill in **PART I** of this form.

The person making the recommendation should complete **PART II** and then mail their recommendation letter attached to this form no later than **April 5, 2010**.

Mail to:

**Arrowhead Scholarship Fund**  
P.O. Box 462  
Hartland, WI 53029

**PART I**

Name of Applicant \_\_\_\_\_  
Last Name                                      First Name                                      Middle

Home Address \_\_\_\_\_  
Number & Street                                      City                                      State                                      Zip

**PART II**

1. How long have you known the applicant? \_\_\_\_\_ Years                      \_\_\_\_\_ Months
2. In what capacity? \_\_\_\_\_

**Your letter of recommendation must be attached to this signed form.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Name of reference)

Name \_\_\_\_\_ Title \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_

**Due no later than April 5, 2010**



**Lake Country United Soccer Scholarship  
RECOMMENDATION  
#2**

The applicant should fill in **PART I** of this form.

The person making the recommendation should complete **PART II** and then mail their recommendation letter attached to this form no later than **April 5, 2010**.

Mail to:

**Arrowhead Scholarship Fund**  
P.O. Box 462  
Hartland, WI 53029

**PART I**

Name of Applicant \_\_\_\_\_  
Last Name                      First Name                      Middle

Home Address \_\_\_\_\_  
Number & Street                      City                      State                      Zip

**PART II**

1. How long have you known the applicant? \_\_\_\_\_ Years                      \_\_\_\_\_ Months

2. In what capacity? \_\_\_\_\_

**Your letter of recommendation must be attached to this signed form.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Name of reference)

Name \_\_\_\_\_ Title \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_

**Due no later than April 5, 2010**