



**Valley Senior Women's Soccer League
Brittany Crouse and Sara Hamm Memorial Bursary**

APPLICATION FORM

Name: _____

Address _____

Phone/Cell: _____

Age: _____

Have you been accepted for Post Secondary Education: _____

Where: _____

Program: _____

Signature of Applicant

Date

Remember to include:

1. **Official Transcript**
2. **Resume**
3. **2 letters of reference (for example coach, teacher, minister etc)**
4. **Accompany typed personal letter including your soccer career, extra-curricular activities and/or community service, financial need and plans for the future.**

**Please ensure that you application is complete and all supporting documents are included.
Application must be postmarked by May 23, 2015**

**Pat Seaboyer
c/o Bursary Committee
Valley Senior Women's Soccer League
P.O. Box 462
Port Williams, NS B0P 1T0**

