

**Metro Women's Soccer League
SCHOLARSHIP APPLICATION FORM**

Season: _____

Name: _____

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **Mobile:** _____

Date of Birth: (dd/mm/yyyy) _____

Email: _____

Citizenship: Canadian: _____ **Landed Immigrant:** _____

Name of Post Secondary Institution in British Columbia that you plan to attend/are currently attending: _____

PLEASE NOTE:

- **It is the responsibility of the applicant to see that the application is complete and that all required information, documents and letters are enclosed**
- **The Scholarship Committee will not enter into any correspondence with any scholarship applicant or her agent**
- **All applications and supporting letters become the property of the Metro Women's Soccer Scholarship Committee**
- **The decision of the Scholarship Committee is Final.**

Office Use Only

Date Received:

Comments: