

**MERCER COUNTY SOCCER
HALL OF FAME**

**MERCER COUNTY SOCCER
HALL OF FAME SCHOLARSHIP**

JOE SUOSSO MEMORIAL SCHOLARSHIP FOR BOYS

RICH GARTON MEMORIAL SCHOLARSHIP FOR GIRLS

ANY GRADUATING SENIOR MALE AND FEMALE, WHO PLAYED SOCCER FOR A PUBLIC OR PAROCHIAL HIGH SCHOOL IN MERCER COUNTY AND PLANS TO ATTEND COLLEGE IN THE FALL IS ELIGIBLE TO RECEIVE THIS AWARD.

THE FOLLOWING MUST BE COMPLETED FOR CONSIDERATION:

- THE APPLICANT FOR THE SCHOLARSHIP SHOULD FILL OUT PAGE 2 OF THIS APPLICATION IN HIS OR HER OWN HANDWRITING.
- ATTACH A RESUME HIGHLIGHTING YOUR SCHOOL ACTIVITIES AND YOUR COMMUNITY SERVICE.
- WRITE AN ESSAY NO LONGER THAN 200 WORDS ON WHY YOU BELIEVE YOUR ACADEMIC, ATHLETIC, AND COMMUNITY SERVICE QUALIFY YOU FOR CONSIDERATION FOR THE MERCER COUNTY SOCCER HALL OF FAME SCHOLARSHIP.
- RETURN THE APPLICATION TO THEIR GUIDANCE COUNSELOR AT SCHOOL AND REQUEST THAT THEY: **COMPLETE PAGE 3, ATTACH YOUR TRANSCRIPT, AND MAIL THE APPLICATION TO THE ASSOCIATION AT THE ADDRESS AT THE BOTTOM OF THIS COVER LETTER.**

THE COMPLETED APPLICATION SHOULD BE RECEIVED BY MARCH 18, 2025

PRESENTATION WILL BE MADE AT THE HALL OF FAME DINNER ON APRIL 12, 2025

THE AWARD OF THIS SCHOLARSHIP IS BASED UPON CHARACTER, SCHOLASTIC EXCELLENCE, SOCCER ABILITY, AND FINANCIAL NEED.

THIS FORM MAY BE COPIED



P.O. BOX 7912 WEST TRENTON, N.J. 08628

EST. 1985

WWW.MERCERCOUNTYSOCCERHOF.COM

APPLICANTS NAME _____
ADDRESS _____

EMAIL ADDRESS _____ PHONE _____

PARENTS OR GUARDIANS NAME AND ADDRESSES (IF DIFFERENT)

FATHER _____ MOTHER _____
ADDRESS _____ ADDRESS _____

OCCUPATION _____ OCCUPATION _____

OTHERS IN HOUSEHOLD _____

CAREER INTERESTS _____

FIELD OF STUDY _____

WHAT COLLEGE(S) HAVE YOU APPLIED OR PLAN TO APPLY TO?

IF ALREADY ACCEPTED, PLEASE INDICATE THE APPROPRIATE ANSWER IN THE SPACE PROVIDED.

LIST THE NAMES OF THE COLLEGE(S) BELOW:

NAME	APPLIED	Y	N	ACCEPTED	Y	N

HAVE YOU RECEIVED ANY OTHER FINANCIAL GRANTS?	Y	N
WILL YOU BE RECEIVING ANY OTHER SCHOLARSHIPS?	Y	N
ARE YOU AVAILABLE FOR AN INTERVIEW?	Y	N

I HEREBY AUTHORIZE THE RELEASE OF A TRANSCRIPT OF MY SCHOOL RECORDS AND ANY OTHER PERTINENT INFORMATION TO THE HALL OF FAME SCHOLARSHIP COMMITTEE.

PLEASE INCLUDE LETTERS OF ACCEPTANCE.

STUDENTS SIGNATURE _____ DATE _____

PARENTS SIGNATURE _____ DATE _____

TO THE GUIDANCE COUNSELOR:

PLEASE RATE APPLICANTS QUALITIES AS LISTED BY PLACING A CHECK MARK IN THE APPROPRIATE SPACE. INDIVIDUAL ESTIMATES OF SEVERAL TEACHERS MAY BE INCLUDED.

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	REMARKS PLACED HERE
INTELLECTUAL INTERESTS				
MENTAL ALERTNESS				
INDUSTRY				
COOPERATIVENESS				
INITIATIVE				
MORAL INFLUENCE				
SENSE OF HUMOR				
LEADERSHIP				
PHYSICAL VIGOR				
PERSONAL APPEARANCE				

DO YOU RECOMMEND THE APPLICANT FOR SCHOLARSHIP CONSIDERATION?

YES _____ NO _____

GUIDANCE COUNSELOR SIGNATURE

ANY QUESTIONS CAN BE SENT TO: **bruce@mercercountysoccerhof.com**

PLEASE SEND THE COMPLETED FORMS TO:

MERCER COUNTY SOCCER HALL OF FAME

PO BOX 7912

WEST TRENTON, NJ 08628