



Robert Kumpe Scholarship

Applicant Information

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () High School: _____

Email: _____
College Planning on attending: _____

High School Play – check all that apply

- Freshman year Sophomore Year Junior Year Senior Year

Travel Soccer Experience – check all that apply

- U8 Team: _____ League: _____
- U9 Team: _____ League: _____
- U10 Team: _____ League: _____
- U11 Team: _____ League: _____
- U12 Team: _____ League: _____
- U13 Team: _____ League: _____
- U14 Team: _____ League: _____
- U15 Team: _____ League: _____
- U16 Team: _____ League: _____
- U17 Team: _____ League: _____
- U18 Team: _____ League: _____

MISC – check all that apply

- ODP Participation Explain: _____
- Soccer Coaching Experience Explain: _____

Referee Experience – check all that apply

- House or Rec Referee Certified Referee, Grade: _____ Years: _____

Festival Tournament Participation – check all that apply

- Played, Years: _____ Indoor: Years: _____
 Volunteered, Years: _____ Festival Tournament Referee: Years: _____

High School Work Experience – list years

Community Service/Activities – list years

School Activities – list years

Honors and Awards – check all that apply

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> League Awards | <input type="checkbox"/> District Award | <input type="checkbox"/> State Awards |
| <input type="checkbox"/> Honor Mention/MVP | <input type="checkbox"/> Coaches Award | <input type="checkbox"/> Honor Roll |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

