

Levittown Soccer Club

LUIGI PELINI SCHOLARSHIP APPLICATION 2018

Name	:				
Street Address	:				
	:				
Gender	:				
- School Inform	nation				
HIGH SCHOOL INFORMATION				COLLEGE / TRADE SCHOOL INFORMATION	
School Name:				School Name:	
City, State:				City, State:	
Graduation Date:				Adm. Semester:	
Graduation Date	:				
Graduation Date Counselor Name					
Counselor Name	:			<u> </u>	
Counselor Name	:				
Counselor Name	:	mation		Coach	Travel Team Name
Counselor Name I - Soccer Exper Levittown	ience Inforr	nation Y	'ear	<u> </u>	
Counselor Name I - Soccer Exper Levittown Soccer Club Travel	ience Inforr	nation Y	'ear	<u> </u>	
Counselor Name I - Soccer Exper Levittown Soccer Club	ience Inforr	nation Y	'ear	<u> </u>	
Counselor Name I - Soccer Exper Levittown Soccer Club Travel	ience Inforr	nation Y	'ear	<u> </u>	
Counselor Name - Soccer Exper Levittown Soccer Club Travel	ience Inforr	nation Y	'ear	<u> </u>	



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Part IV - Community Service & Extra-curricular Activities Y or N Have you attached a narrative description or resume of community service and extra-curricular activities in which you have participated? Part V - Soccer Essay Y or N Have you attached the one page essay on "How has playing youth soccer helped my personal development?". Part VI - Letter of Recommendation Y or N Have you attached a letter of recommendation from a school, religious or community service organization? Signature and Date Submitted Name (please print): ____ Date of Submission:

Note: Please contact LSC Scholarship Chairman Jim San Filippo at (516-735-0710) with any questions. All decisions of the Levittown Soccer Club Scholarship Committee are final.

Mail all forms and attachments to: **Levittown Soccer Club** c/o Jim San Filippo 89 Silver Lane Levittown, NY 11756 **Attention: Scholarship**