



GREATER AKRON AMATEUR SOCCER ASSOCIATION

Jeff Blazeff Scholarship Application

(All parts of this application must be answered for consideration. Attach additional paperwork if needed to complete any of the requested fields)

Name: _____

Gender: _____

Address: _____

Phone Number: _____

Email: _____

- I. College/University (accepted & committed at the time of the award):

- II. Full time student: _____
- III. GAASA Club (played at least two seasons): _____
- IV. GAASA Coach: _____
- V. Player history-Club: _____
- VI. Player history-High School: _____
- VII. Soccer Related Awards: _____
- VIII. Expected Field of Study: _____
- IX. Grade Point Average: _____
- X. Academic Awards/Recognition: _____
- XI. Financial status (family size & income): _____
- XII. Extracurricular/Community Activities: _____
- XIII. Awards Received: _____
- XIV. Three letters of reference (limited to one page):

