



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): _____

a. Dates played

IV. GAASA Coach: _____

V. Player history-High School: _____

VI. Soccer Related Awards: _____

VII. Expected Field of Study: _____

VIII. Grade Point Average: _____

IX. Academic Awards/Recognition: _____

X. Financial status (family size & income): _____

XI. Extracurricular Activities: _____

XII. Community Activities: _____

XIII. Awards Received: _____

XIV. Personal Goals: _____

XV. Why are you applying for the scholarship? (attach to application)

XVI. How will the scholarship be used if awarded to you? (attach to application)

XVII. Three letters of reference (limited to one page):

Web Site: www.gaasa.org

Email: grtrakron.soccerassoc@verizon.net



PO Box 13736/Akron/44334