JUSTIN SCHROEDER MEMORIAL SCHOLARSHIP

MCYSA STUDENT/ATHLETE ACHIEVEMENT AWARD APPLICATION

Name:		
Address:		
City:	State:	Zip:
Best Phone Number:	Email:	
In what year did you participate in the N	MCYSA Tournament at the 15U level? _	On what host team were
you rostered in your 15U Year?	Who was your coach?	
Did your family ever participate in the H	Home Stay program? In wha	ot year?
Did you ever serve as an MCYSA Tourna	ment Volunteer? In what year	and what capacity?
Current Status: High School: Co	ollege: Graduation Year:	
Name of School:		
School Address:		
School City:	School State:	School Zip:
Principal/President:	School Coach or Advisor	<u>(</u>
School Extracurricular Activities (either	High School and/or College) If more spo	ice is required, please attach an
additional sheet:		
Community Activities (during High School additional sheet:		
Signature:	Date:	
Please attach a typed essay of one page		
a positive impact on your life. Be certain will not be accepted. If you are selected		
to include in the tournament program b		

Submission of this application allows the McHenry County Youth Sports Association to use any or all of your essay, photo and activity information in our promotional material.

8/22/2017