



2024 GUSTAVO ARGUETA SCHOLARSHIP

APPLICANT'S NAME _____

SECTION 1 – To be completed by APPLICANT

A) Personal information			
Name:		Birthdate:	
Address:		City/Province:	
Email Address:		Postal Code:	
B) Soccer Experience		C) High School Information	
Club:		Name:	
Years Played:		Address:	
Coach Reference:		Teacher Reference:	
Coach E-mail:		Teacher E-mail:	
Awards/ Accomplishments	1. 2.	School Counsellor:	
D) High School Grade Information – list 6 grade 12 courses + grade average		E) Community/High School Leadership Achievements/Volunteer Info	
COURSE	GRADE	YEAR	ACHIEVEMENT
F) University or College Planning to Attend			
Post Secondary Institution Attending: (University or College)			
Program:			
Soccer Plans while attending:			

SECTION 2 – Reference Letter to be attached and Emailed with this Application to snosoccer@tbaytel.net with Applicant's Name in Subject Line by Friday May 3rd /2024