

Mickey's Legacy Lives On. . .. Mickey Wherry Scholarship Fund

Each year, DYSA awards two (2) scholarships to a male and female soccer player from the clubs affiliated with DYSA from recreational soccer programs statewide that exemplify the qualities that our dear friend Mickey Wherry stood for: team sportsmanship, determination, dedication, and fair play. In order to raise the necessary funds, DYSA hosts a yearly tournament in Mickey's honor, as well as a Silent Auction. Listed below are the criteria for the Mickey Wherry Scholarship.

DELAWARE YOUTH SOCCER MICKEY WHERRY SCHOLARSHIP APPLICATION

The purpose of this scholarship program is to encourage qualified high school seniors registered in Delaware Youth Soccer to further their education in a four-year college program. Two scholarships will be awarded (one male/one female).

AMOUNT AND DETAIL OF EACH SCHOLARSHIP AWARD:

1. Each scholarship award will be in the amount of \$500 payable jointly through the university or the college in one installment at the beginning of the fall semester.

2. The scholarship award is used to help defray the cost of tuition and fees at any accredited college or university.

3. While at college, the recipients are expected to maintain good academic and disciplinary standing. They also must show a commitment to promote soccer by volunteering, coaching, refereeing, or playing in a soccer program at college or a local community.

APPLICANT ELIGIBILITY:

1. High school seniors attending public and non-public high schools within Delaware Youth Soccer who are registered recreational players or referees in the association will be eligible to participate in this program.

2. Applicants must meet scholarship and other entrance requirements for entrance into any accredited college or university.

BASIS OF SELECTION:

1. Applicants must complete and submit the attached application forms along with an unofficial transcript of their high school records on/or before June 15th, 2024 to this address: Delaware Youth Soccer Association, 51 Whitson Drive, Newark, DE 19702

2. Applicants must obtain a statement from their guidance counselor or high school principal regarding their scholastic ability, leadership and character, and mail it under a separate cover to the above address. Applicants may also submit a maximum of two letters from coaches, mentors or community leaders to validate qualities in leadership and character. Please include your name on all material sent to the committee.

3. Selection of the winners will be based on scholastic achievement, community service and leadership ability. Selection to be made by a committee that consists of people who are not relatives of any of the candidates and will also consist of people outside of Delaware Youth Soccer.

4. Scholarship winners will be notified by July 1, 2024.

Checklist: _____ Complete attached Application (with personal statement & playing history) and send to Delaware Youth Soccer. _____ Academic record (GPA/Standardized Test Scores in addition to unofficial transcript) _____ Statement from guidance counselor/principle under separate cover. _____ Letter(s) of recommendation (Two max)

DELAWARE YOUTH SOCCER SCHOLARSHIP APPLICATION FORM

1. PERSONAL INFORMATION: NAME		S.S. # (Last four
digits) DATE OF E	SIRTH SEX	
TELEPHONE ()	HOME	
ADDRESS		CITY
EMAIL		
2. SCHOLASTIC RECORD: SECONDARY	Y SCHOOL	
DATE OF GRADUATION	CITY	STATE
ZIP CODE	SCHOLASTIC AVERAGE JUNIOR	YEAR SENIOR
FIRST SEMESTER		
3. COLLEGE INFORMATION: COLLEGE	YOU PLAN TO	
		PLANNED
COSTS FOR NINE MONTHS: TUITION	ROOM	AND BOARD
FEES		
0	ions, please list your achievements/acti oteworthy accomplishments in your pe	•
6. COMMUNITY SERVICE		
6. COMMONT FSERVICE		
7. LEADERSHIP ACTIVITIES		

8. PLAYING HISTORY AS A DELAWARE YOUTH SOCCER MEMBER: a. Please list starting with the most recent team (Referees should list years of experience, age groups or levels refereed and certification level under "TEAM NAME").

9. PLEASE SUPPLY A ONE PAGE PERSONAL STATEMENT (NO MORE THAN 500 WORDS) THAT DEMONSTRATES YOUR INTERESTS, ACCOMPLISHMENTS AND HOW THEY RELATE TO YOUR CAREER PLANS. The information that I have reported herein is true, correct, and complete. I authorize the use of the information on this form by the Delaware Youth Soccer Scholarship Selection Committee.

APPLICANT'S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____