



Skip Gorman Memorial Scholarship

Background

The South Shore Soccer League will offer scholarships named in honor of Past President Skip Gorman to at least two soccer players extending their education beyond High School. High School seniors who will be entering a secondary education program full time in the fall of next year are eligible to apply for this scholarship.

SSSL Scholarship Criteria

- The applicant must have been involved in the soccer program of their town and the South Shore Soccer League from the playing age of Under 12 through High School.
- Participation as a player, coach, referee or volunteer to the town association and South Shore Soccer League should be noted on the application.
- Any outstanding soccer contributions on or off the field should be noted on the application.

The application must be initiated by the player and then endorsed by the player's most recent soccer coach or the town association president.

Applications must be submitted to the SSSL in writing by April 15. (See Attached Application Form). The SSSL Executive Board will review all applications and announce the scholarship winners in May of current season. Award letters will be presented to the winners at the June General Meeting. A check will be awarded to the winner once a copy of their second semester college/school invoice is received. Send a copy of the invoice and the award letter to:

South Shore Soccer League
PO Box 486
West Bridgewater, Massachusetts 02379

Scholarship Amount - \$1,000.00 per player

For any questions/inquiries please contact the SSSL President via email:
president@southshoresoccer.com

The SSSL reserves the right to continue or cancel this or any other program at any time.



Skip Gorman Memorial Scholarship Application

Scholarship Amount \$1,000

Requirements: The applicant must have been involved in the soccer program of their town and the South Shore League from the playing age of Under 12 through High School.

Submission deadline: Postmarked no later than April 15

Name: _____ Date of Birth: _____
Address: _____ Town: _____
State: _____ Zip Code: _____ Telephone: _____

(Attach additional sheets if necessary)

Please describe your involvement in soccer for your town association and the South Shore Soccer League: _____

Please describe any outstanding contributions on or off the pitch for your Town soccer association and the South Shore Soccer League: _____

Following section to be completed by the applicant's most recent soccer Coach or the Town President (attach addition sheets if necessary)

Please describe the applicant's contributions to your town soccer association and the South Shore Soccer League: _____

Please return this application with any attachments to:

South Shore Soccer League
PO Box 486
West Bridgewater, Massachusetts 02379