

FC Berna

P.O. Box 16
Liberty Corner, NJ 07938
accounting@fcberna.com



**FC BERNA JACK KIMZEY MEMORIAL SCHOLARSHIP
APPLICATION FORM**

Personal Information

Name: _____

Address: _____

Email _____

Phone: _____

Club

Program

Seasons

Years

<u>Club</u>	<u>Program</u>	<u># Seasons</u>	<u>Years</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School Attended: _____

College or post high school institution you plan to attend: _____

Please submit a short essay (maximum of 250 words) describing **“the positive role participation in youth soccer programs has played in my life so far, and how it will help me in future.”**

This application form, one letter of recommendation and your essay should be submitted by either email or snail mail to:

FC Berna
P.O. Box 16
Liberty Corner, N.J. 07938
Attn: Scholarship Committee

or accounting@fcberna.com

Completed applications must be post-marked no later than June 1st.