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**BEDFORD BULLDOGS ATHLETIC BOOSTER CLUB**

**2024 BSL-NH CLASSICS SCHOLARSHIPS**

**INFORMATION SHEET**

**Criteria/Eligibility:**

1. The student athlete must have participated as a Varsity Soccer player.
2. The student would have demonstrated exemplary ability, leadership, attitude (on and off the field), and love of the game.
3. The student athlete must be a student in good standing who will graduate BHS in June 2024.
4. The scholarship is to be applied toward any postsecondary school and/or training program related expenses.
5. Two monetary awards - $1,000 (1 Male and 1 Female) awarded to the winners at Senior Night.
6. The student’s parent or guardian must be a current member of the Bedford Bulldogs Athletic Booster Club. Dues must be paid by April 1, 2024

**Application Process:**

1. Secure an application from the Bedford High School Guidance Office or via the Bedford Bulldogs Athletic Booster Club website <https://bbabc.net/>
2. Complete the application.
3. Have your Varsity Soccer Coach provide a letter of recommendation.
4. Both the application and letter of recommendation MUST be provided to the BHS guidance department or mailed to:

BBABC, P.O. Box 10423, Bedford NH 03110

1. Both the application and letter of recommendation must be received by the BHS guidance department no later than the end of the school day on **Thursday, April 18, 2024.**

**There will be NO exceptions to this deadline.**

**BEDFORD SOCCER LEAGUE - NH CLASSICS - SCHOLARSHIP**

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**ANNUAL SCHOLARHIP APPLICATION**

**Awarded to a graduating Bedford High School Varsity Soccer player – one male and one female -**

**demonstrating exemplary ability, leadership, attitude (both on and off the field), and love of the game.**

**Please type all information into the entry spaces provided below.**

**Applicant First Name: Applicant Last Name:**

|  |  |
| --- | --- |
| Enter First Name | Enter Last Name |

**Mailing Address: Town: State: Zip:**

|  |  |  |  |
| --- | --- | --- | --- |
| Enter Street # and Name | Enter Town | Enter State | Enter Zip |

**Email Address: Phone Number: Student ID:**

|  |  |  |
| --- | --- | --- |
| Enter Email Address | Enter Phone Number | Enter Student ID # |

**Please check (click on box) all that apply: High School Soccer - Years Played:**

**Captain:**  **All-State:**  **All-NE:**  **Youth Coach/Referee:**   **Fr:**  **So:**  **Jr:**  **Sr:**

**Plan to Attend College:**  **Play Soccer in College:**  **College:** Enter College

**Parent/Guardian Booster Club Member:** Enter Parent/Guardian Name

**Student Signature:**

**Provide a brief summary (no more than 300 words) of (1) how soccer has influenced you, (2) how your experience in soccer will help you in the future, and (3) how you intend to use the scholarship funds.**

Enter brief summary or attach separate page