

List community service hours and organizations:

	Hrs:		
			Phone #
	Hrs:		
			Phone #
	Hrs:		
			Phone #

SOCCER HISTORY/EXPERIENCE

Club team: _____

Club coach: _____
Name Phone #

School team: _____

School coach: _____
Name Phone #

Years soccer played: _____ / _____ / _____
Recreational / Select / High School

Number of years you have played in the CCSAI Classic League: _____

How many different teams have you played for in the CCSAI Classic League: _____

A & D History:

2009/2010 soccer year (1/1/09 to application date)

	<u>Club Soccer (including tournaments)</u>	<u>School Soccer</u>
	Number received / Points assessed	Number received
Yellow card cautions:	_____ / _____	_____
Red card ejections:	_____ / _____	_____
"Soft" red cards: (UIL only)		_____

ODP Experience:

Years participation: _____

Highest level attained: _____

If experience is not in the NTSSA program please give details: _____

SCHOLASTIC DATA

High school(s) attended: _____ 9 10 11 12
 _____ 9 10 11 12

Counselor's name: _____ () _____
Phone #

GPA/Scale: _____ / _____ After Fall 2009 semester
GPA Scale

SAT scores: Verbal _____ Math _____ Writing _____ Date Taken: _____

ACT Composite score: _____

Please list present courses. Indicate which ones are AP or Honors, if any:
