Robert Kumpe Scholarship

Applicant Information

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ High School: _____

Email: _____

College Planning on attending: _____

High School Play – *check all that apply*

☐ Freshman year ☐ Sophomore Year ☐ Junior Year ☐ Senior Year

Travel Soccer Experience – *check all that apply*

☐	U8	Team:	League:
☐	U9	Team:	League:
☐	U10	Team:	League:
☐	U11	Team:	League:
☐	U12	Team:	League:
☐	U13	Team:	League:
☐	U14	Team:	League:
☐	U15	Team:	League:
☐	U16	Team:	League:
☐	U17	Team:	League:
☐	U18	Team:	League:

MISC – *check all that apply*

☐ ODP Participation Explain: _____

☐ Soccer Coaching Experience Explain: _____

Referee Experience – *check all that apply*

☐ House or Rec Referee ☐ Certified Referee, Grade: _____ Years: _____

Festival Tournament Participation – *check all that apply*

☐ Played, Years: _____ ☐ Indoor: Years: _____

☐ Volunteered, Years: _____ ☐ Festival Tournament Referee: Years: _____

High School Work Experience – *list years*

_____

_____

_____

_____

Community Service/Activities – *list years*

_____

_____

_____

_____

_____

_____

_____

School Activities – *list years*

_____

_____

_____

_____

_____

_____

_____

Honors and Awards – *check all that apply/years*

☐ League Awards ☐ District Award ☐ State Awards

☐ Honor Mention/MVP ☐ Coaches Award ☐ Honor Roll

☐ Other: _____ ☐ _____ ☐ _____

☐ Other: _____ ☐ _____ ☐ _____

nwOYSL
Northwest Ohio Youth Soccer League

2024 ROBERT KUMPE MEMORIAL

COLLEGE SCHOLARSHIP APPLICATION

GENERAL INFORMATION:

- The Scholarship is open to anyone currently enrolled in college or who will be entering college in Fall, 2024.
- A minimum of five Scholarships will be awarded to recipients.
  This Scholarship must be used for tuition or related expenses to an accredited college, university or community college. A check will be made payable to the accredited institution of the recipient's choice.
- Oral interviews maybe conducted for all finalists.
- All applicants will receive notice of the final disposition of their applications as soon as practical after the selection process has been completed.
- The Robert Kumpe Memorial College Scholarship may only be won once by any one individual.
-Winner of scholarship must have played soccer in High School.

APPLICATION REQUIREMENTS:

Applicants must submit the following to the Northwest Ohio Youth Soccer League Office by:

March 31, 2024

1. A complete Application Form (see attached) and required information.
2. An official high school and/or college transcript. ACT/SAT scores, GPA and class ranking (if school does rankings) must be included.
3. You must have played Soccer in High School to be considered for this scholarship.
4. A typed essay answer to this question must be submitted (minimum of 250 words):

OHSAA will soon be voting on expanding divisions for several sports, including soccer. Current divisions are one through three. Five divisions are proposed beginning in the fall of 2024. How do you think this will affect the end of season tournaments in different sports. Do you think this is a positive for the sport? Do you think this is a positive for schools and athletes?

Submit all documents to:
Kumpe Scholarship Committee
Northwest Ohio Youth Soccer League
1620 Market Place Drive Suite C
Maumee, OH 43537

2024 ROBERT KUMPE MEMORIAL

COLLEGE SCHOLARSHIP APPLICATION

PLEASE PRINT CLEARLY

Name: _____ _____
First Last

Mailing Address: _____

_____

Email Address: _____

Phone Number: _____ **Gender:** MALE FEMALE

High School Currently Attending:

_____

College Planning to Attend in Fall, 2024:

_____

On a separate sheet(s) of paper list the following:

1. Soccer Playing Experience. List the teams, along with the years, position, and League affiliation.
2. Soccer Coaching Experience.
3. ODP Experience.
4. NWO Festival Participation (volunteer, referee, etc., what years)
5. Soccer Referee Experience - Include license and date certified
6. Community Activities (**please include the years of involvement**)
7. School Activities (**please include the years of involvement**)
8. Honors and Awards (**please include the years of involvement**)
9. Work Record (**please include the years of involvement**)

I certify that all of the information I am submitting is accurate. I understand and have included all the mandatory documents for consideration for the Robert Kumpe Memorial Scholarship.

_____ _____
Signature Date

DEADLINE: March 31, 2024!