

Cape Cod Soccer Officials Association

Richard E. Maxwell - MEMORIAL - Scholarship Award



Cape Cod Soccer Officials Association Richard E. Maxwell Scholarship Award

- Established 2011 -

The CCSOA is pleased to offer Cape Cod & Islands high school seniors, class of 2020, actively involved in their school's varsity soccer program, an opportunity to enrich their post-secondary education with a cash award.

The award, established in 2011, is named to honor the memory of our fellow official, Richard E. Maxwell. "Max" spent over fifty years officiating soccer, was a CCSOA member for almost forty years and a teacher on the Cape for over twenty years. His dedication to the sport, fair play and good sportsmanship elevated the game for us all.

Information and award application can be found on the following page.
Additional information can be found at www.capecodsoa.org.

Donations can be sent to the following:

CCSOA/Maxwell Scholarship Fund

Rockland Trust

1195 Falmouth Road

Centerville, MA 02632

-or-

CCSOA/Maxwell Scholarship Fund

CCSOA Scholarship Committee

60 Tar Kiln Road

Orleans, MA 02653



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APPLICATION FOR 2020 AWARD

For high school seniors, graduating class of 2020, actively involved in their school's varsity soccer program.

To be eligible, candidates must submit the following **on or before December 31st, 2019.**

- 1) Completed application.
- 2) Two letters of recommendation - i.e., faculty/guidance/coach/advisor/principal
- 3) Short essay response to the question:

How has participating in high school soccer helped you prepare for your post-secondary education?

Mail the completed application along with the two letters of recommendation plus the short essay to:

CCSOA Scholarship Committee
60 Tar Kiln Road
Orleans, MA 02653

Award recipient will be selected by January 31st, 2020, and notified in February. **Only those selected for awards will receive follow-up notification.** Award recipient receives payment of the award in the form of a CCSOA check after submitting a transcript of their grades from the first semester of their freshman year. CCSOA family members are not eligible.

APPLICANT NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: _____ Zip _____

E-MAIL ADDRESS: _____

HIGH SCHOOL: _____

FATHER/GUARDIAN NAME: _____ MOTHER/GUARDIAN NAME: _____

SCHOOLS APPLIED TO FOR FALL, 2020: _____

HONORS, AWARDS, SCHOOL & NON-SCHOOL ACTIVITIES-(Attach a separate sheet if needed) _____

APPLICANT SIGNATURE: _____ DATE _____

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

For more information about the Cape Cod Soccer Officials Association - www.capecodsoa.org