

Today's Date: _____

Dedina Lynn Smalls 2026 Scholarship Application Form

To be completed by Parent or Guardian - ***please print neatly or type.*** A separate form is required for each child. Completing a scholarship application **does not** register a child for a program.

Parent/Guardian Name: _____
First _____ Last _____

Telephone: (Day) _____ (Evening) _____ (Cell) _____

Parent/Guardian Email Address: _____

Mother's Occupation and Employer: _____

Father's Occupation and Employer: _____

Name of Child: _____ Male _____ Female _____ Age: _____

School Child Attends: _____ Grade: _____

Date of Birth: _____

Please tell us how this scholarship and our athletic program may impact your child's life:

Are you committed to making sure your child attends each practice? _____

In submitting this application I, _____, agree to the terms of the DLSSF.

Signed: Print Parent/Guardian _____ Signature: _____ Date: _____

All information included on the applications will be held in the strictest confidence. Only KKS Scholarship Program Committee will review the applications.

FOR OFFICE USE ONLY

Verified for scholarship _____ Denied _____ Approved by _____ Date _____

**Dedina Lynn Smalls
2026 STUDENT SCHOLARSHIP APPLICATION**

To be filled out by player

Full Name_____

Current Team:_____ Coach:_____

Current GPA:_____

I am currently involved in the following community service work:

In the space below, please tell us in your own words why you should be awarded this scholarship and what your future goals are.

Why do you love soccer? What teams do you play on?

What are your biggest strengths and challenges? How can Advantage Sports Academy help you to achieve your soccer goals?

What do you do off the soccer field for others?

Player Signature: _____