

SJGSL SCHOLARSHIP APPLICATION- Page 1 of 2

APPLICANT'S NAME _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

PHONE _____ MONTH/YEAR GRADUATING _____

HIGH SCHOOL INFORMATION: CLASS RANK _____ OUT OF _____

HIGH SCHOOL _____ GPA _____ OUT OF _____

STUDENT GOVERNMENT/OFFICE HELD _____

ACADEMIC HONORS _____

CLUBS/ORGANIZATIONS _____

H.S. SOCCER SPORTS/SPORTS AWARDS/ACHIEVMENTS _____

OTHER H.S. SPORTS/SPORTS AWARDS/ACHIEVMENTS _____

OTHER HIGH SCHOOL ACTIVITIES _____

OTHER HIGH SCHOOL ACTIVITIES _____

SOUTH JERSEY GIRLS SOCCER LEAGUE INFORMATION:

YEARS PLAYED IN SJGSL _____

CURRENT OR LAST SJGSL TEAM AND SEASONS PLAYED _____

OTHER SJGSL TEAM AND SEASONS PLAYED _____

ODP TEAM/PARTICIPATION DATES _____

SELECT TEAM/PARTICIPATION DATES _____

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COMMUNITY SERVICE INFORMATION:

OTHER INFORMATION (INCLUDING NEED FOR ASSISTANCE):

COLLEGES OR UNIVERSITIES APPLIED TO OR WILL BE APPLYING TO:

PEOPLE THE SCHOLARSHIP COMMITTEE MAY CONTACT:

	NAME	PHONE
HIGH SCHOOL PRINCIPAL	_____	_____
HIGH SCHOOL COUNSELOR	_____	_____
HIGH SCHOOL SOCCER COACH	_____	_____
SJGSL COACH (S)	_____	_____
COMMUNITY SVC LEADER	_____	_____

AT LEAST ONE LETTER OF RECOMMENDATION FROM A HIGH SCHOOL FACULTY MEMBER/ADMINISTRATOR OR A COMMUNITY SERVICE LEADER MUST BE ATTACHED TO THIS APPLICATION OR PROVIDED TO THE SJGSL SCHOLARSHIP COMMITTEE

Applicant's Signature / date Parent (Guardian) Signature / date