

# 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 \_\_\_\_\_

**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:**

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**OTHER INFORMATION (INCLUDING NEED FOR ASSISTANCE):**

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**COLLEGES OR UNIVERSITIES APPLIED TO OR WILL BE APPLYING TO:**

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**PEOPLE THE SCHOLARSHIP COMMITTEE MAY CONTACT:**

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

LETTERS FROM THE ABOVE ATTACHED TO ALTHOUGH NOT MANDATORY.  
THE APPLICATION ARE ENCOURAGED,

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