

SOUTH JERSEY SOCCER LEAGUE
SCHOLARSHIP APPLICATION

APPLICATION DEADLINE:
FRIDAY, MARCH 1, 2019

EMAIL COMPLETED APPLICATION AS PDF (preferred): scott.hartman3@comcast.net

OR SEND VIA US MAIL TO:
SCOTT HARTMAN
216 EAST FOURTH STREET
PALMYRA, NJ 08065

APPLICANT'S PERSONAL INFORMATION:			
LAST NAME	FIRST NAME	MIDDLE NAME	
DATE OF BIRTH			
STREET ADDRESS			
CITY	STATE	ZIP	
TELEPHONE	E-MAIL ADDRESS		
MOTHER'S NAME	FATHER'S NAME		
COLLEGE/UNIVERSITY/SCHOOL YOU PLAN TO ATTEND:			
PLANNED AREA OF STUDY/MAJOR			

LETTERS OF RECOMMENDATION: (Min. of 2 - Must be attached)		
TITLE (COACH, TEACHER, ETC)	FIRST NAME	LAST NAME
TITLE (COACH, TEACHER, ETC)	FIRST NAME	LAST NAME
TITLE (COACH, TEACHER, ETC)	FIRST NAME	LAST NAME

HIGH SCHOOL INFORMATION:	
NAME OF HIGH SCHOOL	
EXPECTED GRADUATION DATE	
ACADEMIC CLASS RANK	GRADE POINT AVERAGE
_____ OUT OF _____	_____ OUT OF _____
ACADEMIC HONORS	
SCHOOL CLUBS/ORGANIZATIONS	
SPORTS	
SPORTS RECOGNITION/HONORS	

EXTRACURRICULAR ACTIVITIES:
EXTRACURRICULAR GROUPS/ACTIVITIES
OTHER HONORS
COMMUNITY SERVICE INFORMATION

APPLICANT'S SIGNATURE: _____
DATE: _____

(Please submit additional pages if needed)