

SOUTH JERSEY SOCCER LEAGUE  
SCHOLARSHIP APPLICATION

**APPLICATION DEADLINE:**  
**MONDAY, MARCH 2, 2020**

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

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

<b>APPLICANT'S PERSONAL INFORMATION:</b>			
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			

<b>LETTERS OF RECOMMENDATION:</b>		
(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





<b>HIGH SCHOOL SPORTS ACTIVITIES:</b>	
NUMBER OF YEARS PLAYING <b>H.S. VARSITY SOCCER</b>	NUMBER OF YEARS PLAYING <b>H.S. JV SOCCER</b>
NUMBER OF YEARS PLAYING <b>OTHER H.S. VARSITY SPORTS</b>	NUMBER OF YEARS PLAYING <b>OTHER H.S. JV SPORTS</b>
SPORTS RECOGNITION/HONORS	

<b>EXTRACURRICULAR ACTIVITIES:</b>	
ACTIVITY:	ACTIVITY:
ACTIVITY:	ACTIVITY:
OTHER HONORS	
COMMUNITY SERVICE INFORMATION	

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**(Please submit additional pages if needed)**