

**SOUTH JERSEY SOCCER COACHES' ASSOCIATION
SCHOLARSHIP APPLICATION**

NAME _____ HOME PHONE _____

ADDRESS _____ SCHOOL PHONE _____

HIGH SCHOOL _____ PRINCIPAL _____

COACH _____ A.D. _____

OF STUDENTS IN SENIOR CLASS _____ CLASS RANK(#) _____ CLASS RANK(%) _____

Soccer honors received(high school): _____

Positions held(captain, class officer, etc.) _____

Other school activities in which you have participated, with years: _____

Community, volunteer, etc. activities, with years: _____

Other honors/awards received (athletic, citizenship, etc.) _____

Recommendation of coach: Use separate sheet(s) to respond.

Include an official transcript with your application.

Return completed application to: Lee Troutman, Chairman

104 E. Madison Ave.

Collingswood, NJ 08108

APPLICATION DEADLINE: POSTMARKED NOVEMBER 23, 2009