

Vineland Soccer Association Scholarship Application

Name of Applicant: _____ High School: _____

Address: _____ High School Phone: _____

Phone: _____ E-mail Address: _____

Please list the VSA teams you have played for (include the age group for each):

How many years of high school soccer did you play? _____

Please list any other soccer experiences/honors, such as: referee, volunteer, and coaching:

Please list other sports and activities in which you participated:

I hereby authorize the release of my transcript and other pertinent information for the purpose of evaluating my scholarship eligibility.

Applicant's Signature: _____

***Please provide a high school transcript and return by April 15th**

(This section must be completed by authorized school personnel)

Applicant's Weighted GPA (based on a 4.0 point system): _____

Name of person completing this section: _____

Title or position: _____ Phone Number _____

E-mail address: _____

Signature of authorized school personnel: _____

(Verifying the accuracy of the above school related information)

Date: _____