

SOUTH JERSEY SOCCER LEAGUE SCHOLARSHIP APPLICATION

APPLICATION DEADLINE:

Friday, April 3rd, 2026

**EMAIL COMPLETED APPLICATION AND ALL SCANNED DOCUMENTS /
RECOMMENDATION LETTERS IN ONE PDF FILE TO:**

ajrandolph98@gmail.com

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)	Name	
TITLE (COACH, TEACHER, ETC)	Name	

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			18															
			19															
			19															

**SOUTH
JERSEY
SOCCER
LEAGUE
INFORMATIO
N:**

(Place an "X" in the applicable season played at each age level)



**SJSL PLAYING HISTORY ONLY:
U8 - 14**

2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	
4	5	5	6	6	7	7	8	8	9	9	0	0	0	0	0	0	1	

**(Do Not Include EDP or other league teams,
ONLY add SJSL teams)**

CLUB

TEAM

COACH

U-

F	S	F	S	F	S	F	S	F	S	F	S	F	S	F	S	F	S
A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P
L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
L	I	L	I	L	I	L	I	L	I	L	I	L	I	L	I	L	I
	N		N		N		N		N		N		N		N		N
	G		G		G		G		G		G		G		G		G

8

8

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

EXTRACURRICULAR ACTIVITIES:	
ACTIVITY:	ACTIVITY:
ACTIVITY:	ACTIVITY:
OTHER HONORS	
COMMUNITY SERVICE INFORMATION	

APPLICANT'S SIGNATURE: _____

DATE: _____

(Please submit additional pages if needed)