



Application for Scholarship

**Vernon Youth Soccer Scholarship Committee
P.O. Box 732
Vernon, New Jersey 07462**

PLEASE TYPE or PRINT

Applicant's full name:

First

Middle

Last

Home Address:

Number/Street/P.O. Box

City

State

Zip Code

Home Telephone Number:

Area Code

Name High School:

Address of High School:

Guidance Counselor Name: _____

High School Grade Point Average: _____ **Class Standing:** _____

School you will be attending: _____

Address of School:

**Complete Title of Program
Of Study:**

Starting Date: _____ **Anticipated Completion:** _____

Statement by Applicant: I have supplied the above information and the attachments for use by the Vernon Youth Soccer Scholarship Committee in the selecting a scholarship recipient/ I certify that the information provided is correct, and I certify that I am eligible for consideration in accordance with a criteria provided.

Signed: _____ **Date:** _____

MAKE CERTAIN TO ATTACH ALL REQUIRED ITEMS