

JOHNSTON UNITED SOCCER ASSOCIATION JUSA 2017 SENIOR SCHOLARSHIP

Please type or print your answers. If application is illegible it will be returned to you.

Last Name:		First	Name:		
Mailing Address:	Street:				
	City:		_State:	Zip:	
Daytime Phone N	lumber: <u>(</u>)		_Alt Phone Numbe	er: <u>(</u>)	
Name and Addres	ss of Parent(s) or Legal Guardia	an(s): Use revers	se side of application if you	u need more space	
Last Name:		First	Name(s):		
Mailing Address:	Street:				
	City:		_State:	Zip:	
Daytime Phone N	lumber: <u>(</u>)		_Alt Phone Numbe	er: <u>(</u>)	
Current High Scho	ool		_Current GPA:		
I will be attending	g the following school in the Fa	II:			
What specialty/m	najor do you plan to major in? _				
How many years	have you played with JUSA?		List Years at Eacl	n Level Below	
R	ecreation	_ Challenge		Classic	
Current Team and	d Coach:				
Did you ever volu	inteer services to the club?				
If	so, please describe:				
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_					
_					



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Sport	Years	Honors
Sport	Years	Honors
Sport	Years	Honors
Sport	Years	Honors
Extracurricular	Years	Honors
	Years	Honors
Extracurricularst your academic honors, awards, and		
	membership activities while i	n high school.
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Describe how playing soccer has affected your life.	
Describe the most exciting or memorable game you've eve	r played
Describe the most exciting of memorable game you ve eve	i piayeu.
Why do you feel you are a good candidate for this scholars	hip?
STATEMENT OF	
I hereby affirm that all of the above stated information proknowledge.	vided by me is true and correct to the best of my
Signature of Scholarship Applicant	Date: