



SAN DIEGO



ACADEMY SCHOLARSHIP APPLICATION

Name of player: _____ Parent Name: _____

Email: _____ Telephone No. _____

Coach: _____ Team: _____

Please complete the information below. This application **must be turned in** at your **age group registration night** (for the Academy Scholarship application proof of income is not required). Failure to provide a completed application will result in this application not being considered for a scholarship. Please direct any questions to our Director of Financial Aid, Steve Valencia, at: financialaid@lagalaxysd.com, or contact the LAGSD Office at:

LA Galaxy San Diego Office
Attn: Scholarship Program
5375 Avenida Encinas, Suite C, Carlsbad, CA 92008
Phone: (760) 434-5600

Statement by Player Applicant – Please tell us what playing Soccer in the Academy program means to you and why you should be considered for a scholarship:

Post High School Goals Please tell us what your goals are following graduation from High School

Grade Point Average – Please provide your High School GPA _____

LA Galaxy San Diego Use Only

Recommendation by: _____

Recommended _____ Not Recommended _____

LA Galaxy San Diego Committee - Date _____