SAN DIEGO

ACADEMY/ELITE 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/Elite 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 LA Galaxy SD Office at:

LA Galaxy SD Office
Attn: Scholarship Program
5315 Avenida Encinas, Suite 200, Carlsbad, CA 92008
Phone: (760) 434-5600

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

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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 SD Use Only

Recommendation by: _____

Recommended _____ Not Recommended _____

LA Galaxy SD Committee - Date _____