



GLEN ROCK JUNIOR FOOTBALL ASSOCIATION

P.O. BOX 27 GLEN ROCK, NJ 07452

GRJFA SCHOLARSHIP APPLICATION

Name: _____

Age: _____

Address: _____

Telephone: _____

YEARS OF PARTICIPATION IN THE GLEN ROCK JUNIOR FOOTBALL ASSOCIATION:

(One year of participation is required to apply)

Pee Wee(2nd-4th grade): _____ Junior(5th-6th grade): _____ Senior(7th-8th grade): _____

ACADEMIC AVERAGE

First Three Years of High School: _____ Senior Year to Date: _____

Please list the Vocational School, University or College you will attend after Graduation

Name of School: _____

ALONG WITH THIS APPLICATION, PLEASE SUBMIT A 250 WORD ESSAY ON "WHAT THE GLEN ROCK JUNIOR FOOTBALL ASSOCIATION MEANT TO ME".

PLEASE PROVIDE A COPY OF YOUR RESUME WITH YOUR APPLICATION

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF GUIDANCE COUNSELOR OR TEACHER SPONSORING APPLICANT

SIGNATURE: _____ DATE: _____

APPLICATIONS ARE TO BE SUBMITTED BY **MAY 5, 2023**