

Valley Stream Soccer Club  
Jessica Troiano/John Labarbera Memorial Scholarship  
Post Office Box 143  
Valley Stream, New York 11582

SCHOLARSHIP APPLICATION

Applicant Statement: (Please type or print)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAMES OF COLLEGES APPLIED TO: \_\_\_\_\_

\_\_\_\_\_

NAMES OF COLLEGES ACCEPTED TO: \_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR VOCATIONAL PLANS: \_\_\_\_\_

\_\_\_\_\_

LIST ANY OTHER SCHOLARSHIPS OR GRANTS THAT YOU WILL BE

RECEIVING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



HIGH SCHOOL APPRAISAL  
(TO BE COMPLETED BY GRADE ADVISOR OR GUIDANCE COUNSELOR)

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

SCHOOL TELEPHONE NUMBER: \_\_\_\_\_

PLEASE INDICATE BY EACH AREA YOUR EVALUATION OF THE STUDENT  
(SUCH AS EXCELLENT, GOOD, AVERAGE, BELOW AVERAGE)

ATTENDANCE: \_\_\_\_\_ ACADEMICS: \_\_\_\_\_

COOPERATION: \_\_\_\_\_ RELIABILITY: \_\_\_\_\_

LEADERSHIP: \_\_\_\_\_ SCHOOL SERVICE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

PLEASE ATTACH ALL TRANSCRIPTS AND MAIL to us BY APRIL 20  
TO: VALLEY STREAM SOCCER CLUB, POST OFFICE BOX 143, VALLEY  
STREAM, NEW YORK, 11582