



**SCHOLARSHIP APPLICATION TO ATTEND
THE JULIE FOUDY SPORTS LEADERSHIP ACADEMY (JFSLA)**

Section 1: Personal Information

Student Name: _____

Address: _____

City, State, Zip: _____

Student Date of Birth: _____ Age: _____

Student Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Parent/Guardian Day Phone & Evening Phone: _____

For Which Academy Location Are You Applying? : _____ California _____ New Jersey _____ Georgia

Are you applying as a soccer or lacrosse player?

Soccer/Lacrosse Team or Club Name: _____

Is any organization sponsoring or assisting you with this application? If so, please identify this organization:

_____ Check here if you have previously attended the JFSLA.

_____ Check here if you have previously been awarded a scholarship to attend the JFSLA.

If you have already attended the Julie Foudy Sports Leadership Academy on scholarship, which session did you attend (year and location)?

Please check one to identify the student's ethnicity. This information is optional.

___ American Indian, Eskimo or Aleut

___ Asian or Pacific Islander

___ African-American

___ Hispanic

___ Caucasian

___ Other

Section 2: Personal Statement

Please type your response on a separate sheet of paper, not to exceed one page single-spaced.

New students applying: What does leadership mean to you? Describe a person who you consider to be a leader with strong leadership skills and tell us how this person inspires you.

Returning students applying: How have you applied the leadership skills you acquired while previously attending the Julie Foudy Sports Leadership Academy? Please share a specific example.

Section 3: Statement by Coach, Teacher, or Adult Mentor

Please type your response on a separate sheet of paper, not to exceed one page single-spaced.

Explain how the applicant will benefit from a week at the Julie Foudy Sports Leadership Academy.

Section 4: Financial Information*:

Parents/Guardians: Please provide the following information.

Parents'/Guardians' Taxable Income 2016(after deductions and exemptions):

\$ _____ (line 43 of 2016 Form 1040 US Tax Return or line 27 of 2016 Form 1040A or line 6 of 2016 Form 1040EZ)

Parents'/Guardians' Estimated Taxable Income for 2017: \$ _____

Parent/Guardians: Using the space provided, please explain why your child is in financial need of a scholarship: _____

Please include any special circumstances (such as more than one child in college, excessive medical bills) or any other situations that may help the panel understand your financial need (please keep your answers to the space provided): _____

***NOTE:** If awarded this scholarship, you may be asked to submit your most recent tax forms to verify your financial information. All financial information will remain confidential and will be viewed only by our scholarship review panel. This panel could include a sponsor or individual benefactor who funded the scholarship.

Parent/Guardian Signature (Required):
I verify that to the best of my knowledge, I have given an accurate representation of our financial information.

X _____ **Date:** _____

Completed applications can be submitted by email (preferred), fax or mail to the following:

Email: kerri@foudyleadershipfoundation.org

Fax: (949) 606-9708

Mailing Address:
The Julie Foudy Leadership Foundation
806 E. Avenida Pico, Suite I, #318
San Clemente, CA 92673

Incomplete applications will not be considered.

****All scholarships are funded and determined by the Julie Foudy Leadership Foundation.****