

**MONROE TWP. BRAVES YOUTH  
FOOTBALL  
&  
CHEERLEADING**



P.O. BOX 450 WILLIAMSTOWN NJ 08094  
609-381-8200

**Scholarship Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth Date : \_\_\_\_\_ Graduation Year: \_\_\_\_\_

High School: \_\_\_\_\_

Years Played for Monroe Braves : \_\_\_\_\_ Dates: \_\_\_\_\_

Sports that you have participated in High School:

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Non-Sport extracurricular activities you have participated in High School:

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Activities you have participated in the Community:

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In order to be considered for this scholarship you must:

- Complete this application with true and accurate information
- Attach a copy of your High School transcripts
- Tell us in 500 words or less how your experience with your youth organization influenced you

If selected by the Monroe Braves you may be required to submit three recommendations from teachers, counselors, or leaders in the community.

***Please submit application to the Monroe Braves Board.***

Thank You and Good Luck,

Monroe Township Braves Midget Football & Cheerleading

