



SFFL Scholarships Criteria

Name: _____ Date: _____

Address: _____ High School: _____
_____ Phone Number: _____

College or Military Service Attending: _____
Date of Admission: _____

SFFL Team Played for: _____
Played SFFL From _____ to _____

Complete in detail the following sections (use additional paper as needed):

Section I - Please provide a list of extracurricular activities, clubs, or special events that you have participated in, including personal accomplishments.

Section II - Please provide a list of community organizations or groups that you have been involved with and your participation within that group.

Section III – Please provide a typed essay on any benefits that you may have gained from your involvement in the Shelton Flag Football League and how that experience may help you in the future.

Section IV – Please provide two letters of recommendation; (1) letter from a school administrator, faculty member, or guidance counselor and (1) letter from a non – family member.

Note: All applications must be completed and returned by April 30, of the current year.

Return application to:
SFFL Scholarship Committee - Attn: Jane Roller
111 Rocky Rest Rd
Shelton, CT 06484