

TERMS AND CONDITIONS STATEMENT

“I”, “me”, and “my” refer to Adult Parent/Guardian of the athlete.

1. I certify that the information provided in the accompanying Scholarship application is true and correct to the best of my knowledge.
2. I understand that Delano Lacrosse Club, through the awarding of a scholarship, shall not be liable for any damage or injury occurring to the athlete, the facility, or other participants in the sport for which the scholarship money is being used.
3. I understand that I am responsible for any equipment and uniforms required for my child’s participation.
4. I understand that awarded scholarships will not be paid directly to me, but will be applied to my family account.
5. I understand that if any written statements or documents, submitted by myself or others regarding this scholarship application, are found to be intentionally false, misleading, or inaccurate, the athlete’s scholarship will be revoked and the full value of that scholarship will be payable immediately to Delano Lacrosse.
6. I understand that if the athlete quits playing lacrosse, he/she will not be eligible to receive another Delano Lacrosse Club scholarship for 365 days from the date of the current scholarship.
7. I understand that all scholarship requests will be evaluated and awarded by an unbiased third party.
8. I understand that this scholarship application is private and will not be shared with anyone other than representatives of the Delano Lacrosse Board and an unbiased third party.
9. I understand that this scholarship application must be filled out in it's entirety by the deadline. If this application is incomplete in any way or is submitted after the deadline, I understand it will be immediately denied.
10. I understand that in order to be approved for a Delano Lacrosse Club athletic scholarship , my family account with Delano Lacrosse Club must be in good standing, and it may not contain any past due balances.
11. Family max of \$400 per calender year applies. Partial scholarships may be awarded.

Printed Name of Parent/Guardian

Signature

Name of Scholarship Athlete

DELANO LACROSSE CLUB SCHOLARSHIP APPLICATION

Athlete's Name: _____		Age: _____	Date of Birth: _____
Address: _____			
Street	City	State	Zip Code
School Athlete Attends: _____		Grade: _____	
Athlete Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Names) _____			
Total Household Income: \$ _____		Number of Dependents in Household Last Tax Year: _____	
Father/Guardian Name: _____		Occupation: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
Email Address: _____			
Mother/Guardian Name: _____		Occupation: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
Email Address: _____			
Does your child currently receive reduced or free lunch at school: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently receive State or Federal Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what type? _____			
Is this your only source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there an Extenuating/Special Circumstance that has recently affected your athlete or family? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please Explain: _____			

Have ANY members of your family received an Athletic Scholarship from Delano Lacrosse Club or any other Sports Association in the past? <input type="checkbox"/> Yes (From which Association?) _____ <input type="checkbox"/> No _____			

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes Delano Lacrosse Club to obtain verification of all information on this application. I certify that all of the information on this application, and all information provided in conjunction with this application are true and correct.

Parent/Guardian Signature _____ Date _____

Mail your completed application to:

Delano Lacrosse, P.O. Box 671, Delano, MN, 55328 www.delanolacrosse.com