

PARK CITY LACROSSE ORGANIZATION
SCHOLARSHIP APPLICATION

TO APPLY FOR A SCHOLARSHIP FOR PARK CITY LACROSSE YOU MUST:

-Complete an application and email to:

pchsboyslax@gmail.com

This application, completed and signed, must be received on or before:

-9/1 for fall ball

-12/22 for spring season

Name of Player: _____

Grade: _____ School: _____

Home Address: _____

Mailing (if different): _____

Home Phone: _____

Guardians Names: _____

Guardians Phone Numbers: _____

Guardians Email Addresses: _____

Does the applicant qualify for the Free and Reduced Lunch Program? _____

Is the applicant officially fee-exempt for PCHS activities? _____

Please explain why you should be considered for a scholarship:

What other competitive sports does your child play?

Does your child receive scholarship assistance from those teams? _____

Total amount of scholarship requested:

_____ Full _____ Partial (50% of registration fees)

(Amounts are for evaluation purposes only; scholarship committee determines actual scholarship amounts. Parents are responsible for National and State Registration fees. Parents may be responsible for tournament fees/costs)

I hereby certify that all the above information is true and correct and acknowledge that failure to complete this entire application and/or submitting false information may disqualify my child from scholarship assistance.

Parent/Guardian Signature

Date

For Official Use Only

Date Received: _____ **Date Reviewed:** _____ **Decision:** _____