



HOMESTEAD BOYS LACROSSE SCHOLARSHIP APPLICATION

The Homestead Boys Lacrosse Club Scholarship Program is available to help pay for 50% of the Club dues.

This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by the Scholarship Committee members. Deadline for application is February 1, 2024. Please email your application to homesteadboyslacrosseclub@gmail.com.

Player's name _____ Age _____ Grade _____
Address _____ City _____ State _____ Zip _____
Father's name _____ Phone# _____
Address if different _____
Mother's name _____ Phone # _____
Address if different _____

Email address for all communication regarding financial aid _____

Any siblings playing with Homestead Lacrosse? Y or N
Name? _____

Please state the reasons for your request for financial assistance. Be sure to include any special circumstances.

By signing below, I agree to the following: - I understand that parent participation in fundraising and volunteering for team duties is mandatory. - I understand that I will be responsible for all other expenses not covered by the scholarship. I affirm that all information given on this application is true and correct.

Parent/Guardian (Father) signature _____ Date _____

Parent/Guardian (Mother) signature _____ Date _____

Player commitment – for the team to consider assistance, the player must commit to participating in all team activities and upholding the team standards. By signing below, the player agrees to these conditions.

Player signature _____ Date _____