



805 YOUTH LACROSSE SCHOLARSHIP PROGRAM – 2020 ASSISTANCE REQUEST FORM

805 Youth Lacrosse (“805lax”) provides registration fee scholarships to local athletes who, without this financial assistance, would not otherwise be able to participate. The 805lax Scholarship Program focuses on providing opportunities for our area youth to participate in lacrosse for the physical, mental, and character-building benefits that this program can provide. Scholarship assistance will be dependent upon the 805lax funds available and the actual need shown.

Requirements for eligibility:

- Participant must be age 17 or younger.
- Participant must be a US Lacrosse member (a current US Lacrosse membership number will need to be provided during the online registration process).
- Commitment to attend a minimum of 75% of scheduled practices and games.
- Participation by a family member in at least one (1) volunteer opportunity during the scholarship season.
- Application must be completed by a parent, guardian, or head of household, with all requested information provided.

****Approval of a scholarship does not register the participant for 805lax. After hearing from the 805 Lacrosse Executive Committee that your scholarship request has been approved. You will still need to complete the online registration process; you will be provided with a discount code that will be applied during the payment portion of the registration process.****

Date of application: _____ Player Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

What is the annual household income? \$ _____ Household Size: _____



Do you receive or qualify for the Free and Reduced-price meals program through the school district?
Yes or No (Circle One)

Please explain your request/circumstances:

The 805 Lacrosse Executive Committee will review your application and determine if your child qualifies for a scholarship. Please make sure all information is complete and correct. Any personal information that you provide will be kept confidential within the Executive Committee.

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes 805lax to obtain verification of all the information on this application. I certify that all of the information on this form is true and correct. I understand that my child(ren)'s participation in this program requires a commitment to attend a minimum of 75% of the scheduled practices and games. I am aware that assistance funds are awarded for one season, after which time it is my responsibility to reapply.

Parent /Guardian (Print): _____

Parent /Guardian Signature: _____

Parent Phone: _____ Parent Email: _____

Employer: _____

Upon completion, please provide this form to Marc Lea, 805 Lacrosse Vice-President. The form can be submitted via email (marc.lea@805lax.club), regular mail (4483 Spanish Oaks Drive, SLO 93401), or in person. Please contact Vice-President Lea if you have any questions about this scholarship program, the form itself, or the application request/registration process.