



# NOBLESVILLE YOUTH LACROSSE

Noblesville Youth Lacrosse, Inc. PO Box 677 Noblesville, IN, 46061

[www.noblesvilleyouthlacrosse.com](http://www.noblesvilleyouthlacrosse.com)

## Application for Scholarship

Instructions: Please provide a brief response to each question below. If additional space is needed, please use the back of this form or a separate attachment. Mail completed form and all supporting documentation to Noblesville Youth Lacrosse, Inc. PO Box 677, Noblesville, Indiana, 46061, or give to a Director. This info will not be shared beyond the Board of Directors. The information can also be emailed to: [info@noblesvilleyouthlacrosse.com](mailto:info@noblesvilleyouthlacrosse.com)

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_ Phone 4: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_ Email 4: \_\_\_\_\_

Player 1 Name, Age, Grade, Sex: \_\_\_\_\_

Player 2 Name, Age, Grade, Sex: \_\_\_\_\_

Player 3 Name, Age, Grade, Sex: \_\_\_\_\_

Please enter the number of scholarship(s) you are requesting:

League Fees: \_\_\_\_\_ boys / girls 10U \_\_\_\_\_ boys / girls 12U \_\_\_\_\_ boys / girls 14U

Equipment: \_\_\_\_\_ girls \_\_\_\_\_ boys

US Lacrosse Membership(s): \_\_\_\_\_

Other (describe): \_\_\_\_\_

Do you have proof of financial need (participation in subsidized school lunch program, food stamp program, subsidized housing program, or other public assistance) and are you willing to provide such documentation to NYLAX? \_\_\_\_\_ YES \_\_\_\_\_ NO

**NOTE: PARTICIPATION IN ANOTHER ASSISTANCE PROGRAM OR DOCUMENTATION THEREOF IS NOT REQUIRED TO RECEIVE A SCHOLARSHIP. HOWEVER, WITHOUT SUCH PROOF, YOU WILL BE REQUIRED TO FILL A VOLUNTEER POSITION WITHIN NYLAX (STRIPING FIELDS, TEAM MANAGER, TOURNEY COORDINATOR, OR OTHER SUCH POSITION AS DEEMED NECESSARY BY THE BOARD OF DIRECTORS).**

Find us at:  @noblesvillelacrosse

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 @NOByouthLAX

