

EDMOND LACROSSE CLUB, INC.
SCHOLARSHIP APPLICATION
2014 Spring Season

Player's Name: _____ Age: _____ Grade: _____

Sex: M or F (Circle one)

Parent/Guardian Name: _____

Address: _____

Phone: _____ E-mail Address: _____

Each player is responsible for paying their own US Lacrosse Membership fee of \$25 (youth) or \$35 (high school). Please check below the areas for which you are requesting assistance.

- ELC Registration fee
- Basic Equipment package

Is player currently eligible for free or reduced price school meals? Yes or No (circle one)

If yes, please attach a copy of letter of eligibility from the Child Nutrition Services in their school district.

If no, please provide a written explanation of special circumstances below:

Submit application to: Edmond Lacrosse Club, Inc., PO Box 31271, Edmond, OK 73003-0022