

## Hardship Application Form

The Artie Chavez Memorial Scholarship Hardship program helps to provide financial assistance to students that reside within Vista Ridge feeder in Leander Independent School District (LISD) who would otherwise be unable to participate in the Rangers Lacrosse Booster Club due to financial hardships.

As we partner with families to support students' desire to participate in Lacrosse, we have developed the following criteria to guide us as we select students who are in need of special consideration based on available funding.

- In order to ensure that we are able to use our funds to assist as many children as possible, we may only be able to fund one child per household, per playing season or semester.
- The Ranger Lacrosse Booster Club Board may award a maximum of up to 80% of the registration fee per calendar year, per family.
- Funds for our scholarship program are provided in two ways and vary annually. Funds are provided:
  - Through direct contributions to the Artie Chavez Memorial Scholarship Hardship Fund by registrants, sponsors and donors
  - Via allocation within the annual budget by the Rangers Lacrosse Booster Club Board
- Scholarship/Hardship funds do not cover late fees of partial registration payments (if applicable), US Lacrosse number, team or practice uniforms, gear or reimbursable volunteer fee (if applicable).
- When applicable, Rangers Lacrosse Booster Club Board expects that the family will fulfill 15 credits of volunteer requirements made by the Lacrosse organization. Failure to do so may result in future funding being reduced or rejected. (See Volunteer Credits on the club webpage at [www.rangerslacrosse.com](http://www.rangerslacrosse.com))
- Students enrolled in LISD, are eligible for registration funding assistance at this time .  
**Last day to submit this information is January 15.**
- Attachments required with submittal of this form: written short essay or picture from the student demonstrating their desire to participate in lacrosse.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Adult Submitting Application)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

We will not share your contact information with others.

Information about the Player:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Campus Player attends: \_\_\_\_\_

Date (s)/Season of Lacrosse: \_\_\_\_\_

Do you have the necessary equipment/gear needed for this activity? \_\_\_\_\_

Are you aware of all the obligations (practices, games) and able to provide transportation? \_\_\_\_\_

Total Registration Cost: \$ \_\_\_\_\_

For Ranger Use Only

Approved \_\_\_\_ Disapproved \_\_\_\_ Amount, if any, Awarded \$ \_\_\_\_\_