



SOUTHRIDGE LACROSSE

14845 SW Murray Scholls Dr., Suite 100 PMB #213

Beaverton, OR 97007

www.southridgelacrosse.org

Scholarship Application

2019 Season

Name of Student Athlete: _____

Student Athlete's grade in school: _____

Number of years Student Athlete's played Lacrosse: _____ For SR High School: _____

Name of Parent/Legal Guardians: _____

Address: _____

Best contact number: _____

Email address: _____

Name of Employer: _____

Name of Second Parent/Legal Guardian: _____

Address (if different from above): _____

Best contact number: _____

Email address: _____

Name of Employer: _____

Amount of Scholarship request: _____

Have you applied for financial assistance through Tualatin Hills Park and Recreation District? _____

If so, was it approved? _____

Please describe your involvement as a volunteer with Southridge High School or Southridge Lacrosse:

Please describe Student Athlete's lacrosse fundraising efforts:

I certify that the information that I have provided above is true and accurate and acknowledge that I may be required to provide additional information to Southridge Lacrosse for the purpose of making an award determination.

Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Application submission is no guarantee of scholarship monies granted. Scholarship funds are limited and applications will be reviewed on a first come, first served basis.

Scholarship:	Granted	Denied
--------------	---------	--------

Amount of scholarship: _____

Volunteer requirements: _____

Board of Directors President: _____ Date: _____

Board of Directors Treasurer: _____ Date: _____

Southridge Lacrosse Association is a not for profit organization. All operations comply with the criteria set forth by the Internal Revenue Service for recognized 501(c)(3) tax-exempt organizations. Federal Tax ID #27-0697445