



FRAMINGHAM YOUTH LACROSSE

2018 FRAMINGHAM YOUTH LACROSSE SCHOLARSHIP APPLICATION

Fill out this application completely. Return it to the address below along with four 4 attachments by May 15, 2018:

1. - A typed essay stating why Framingham Youth Lacrosse (FYL) should award you one of its scholarships, emphasizing your contributions (past and future) to FYL and your community (do not use your college application personal essay).
2. - A copy of your high school transcript.
3. & 4. - Separately have two letters of recommendation sent to the address below.

One Letter should be from a high school faculty member or coach.

The second from a Framingham Youth Lacrosse coach/someone who is familiar with your participation in the Program.

APPLICANT:

Full Name : _____

Home Address: _____

Date and Place of Birth: _____ E-mail address _____

Phone # _____ To: _____

Current High School: _____ Date of Graduation: _____

APPLICANTS FAMILY:

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

(only if different from yours)

(only if different from yours)

Siblings:	Name(s)	Age	School (or location if out of school)
_____	_____	_____	_____
_____	_____	_____	_____

List the name of the accredited college or preparatory program to which you have applied and expect to attend:

_____ Accepted- Y / N

School Activities

Community Activities & Services (Including FYL Program)

Use additional sheet if necessary

Mail completed application and attachments postmarked no later than May 15, 2018 to:

**FYL Board of Directors
Scholarship Committee
PO Box 3445
Framingham**