



**Gold Country
Lacrosse Club**
Nevada County, CA

Avery Blake Memorial Scholarship Fund Application Process

- The Avery Blake Memorial Scholarship Fund has been established for families whose finances make it difficult to participate in our lacrosse program.
- Parents of players wanting scholarships may apply using this application. All applications will be viewed by the Scholarship Committee and be kept confidential.
- Because the Fund has finite resources, assistance is limited to those families most in need. Participation in the Free or Reduced School Lunch Program will be used to establish need.
- Families not eligible, but experiencing special financial circumstances, may appeal for scholarship assistance.
- Full or partial scholarships may be awarded.
- Families receiving a scholarship will be required to participate in fundraising activities and fill a volunteer position for the club during the season.
- Scholarship recipients are required to be active participants.
- Items not covered by scholarship:
 -) US Lacrosse membership – paid directly to US Lacrosse
 -) Equipment (some loaner equipment may be available)
 -) Any travel or extra uniform expenses
- Deadline for Scholarship Applications is 12/31/2017.

Please fill out the following application and return this form with your registration materials to:

Gold Country Stampede
PMB 66
101 W. McKnight Way
Grass Valley, CA 95945

Alternatively, applications can be submitted via email to both Christina Oakes: coakes05@gmail.com, and Karen Rodrigues: k_rod91@hotmail.com.



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Avery Blake Memorial Scholarship Fund Scholarship Application

Player's Name: _____

Player's email: _____

Home Phone: _____ Player's Cell: _____

Grade: _____ School: _____

Parent's Name(s): _____

Parent's Phone: _____ Parent's Cell: _____

Parent's Email(s): _____

Student currently qualifies for free or reduced school lunch: ___ YES ___ NO

If applying under Special Financial Circumstances, please write a brief description on the back of this form explaining why you would like your child to be considered for a scholarship.

Request for: ___ Full scholarship OR ___ Partial scholarship of \$ _____

We have read and agree to the criteria for scholarship acceptance. The above information is correct to the best of my/our knowledge.

Player's Signature

Parent's Signature

Date

For Stampede Use Only

Player Level _____

Approved _____ Amount _____ Date _____ Signature _____