Corvallis Girls Lacrosse Scholarship Application

Corvallis Girls Lacrosse (CGL) understands the cost to participate in school activities and club sports may cause a financial burden to some families. The Board is committed to making lacrosse accessible to as many players as possible and, therefore, sets aside a portion of our budget each year for scholarships. While we cannot guarantee full scholarships for all players who apply, we will do our best to help offset the costs associated with being a part of the team. Please keep in mind that CGL has equipment players can check out for the season. Scholarship applications will be reviewed by the Board President and Treasurer. The coaches do not participate in scholarship decisions, and scholarship requests are held in confidence.

| To apply, complete the form below corvallisgirlslax@gmail.com | and submit in person at a registrat | ion/pre-season meeting or by email to |
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| Player Name: | Player Er | mail: |
| Players receiving a scholarship a | e required to participate in all tea | am fundraisers. |
| The Parent Volunteer Opt Out fee and we will work with you to find s | • | ship. There are several ways to volunteer |
| Club dues are \$350. Please indicate the scholarship and player. | mount you are requesting, noting | that \$325 is the maximum available per |
| \$ | | |
| Does the player currently receive | free or reduced lunch?: Yes or l | No |
| If not, are there other special circu | umstances affecting your ability to | o pay? Yes or No Please describe. |
| Parent/Guardian: I certify that all information provided is true and correct. I understand that this information is being given for the receipt of scholarship funds and that Corvallis Girls Lacrosse may verify the information on the application and that deliberate misrepresentation of the information may result in the withdrawal of any scholarship funds. I further understand that the granting of scholarships is at the sole discretion of the CGL Board of Directors and will accept their decision as final. Signature of Parent / Guardian | | |
| Signature of Parent / Guardian | | Date |
| For Board Use Only | | |
| Date Received: | _ Decision Date: | Approved or Denied Scholarship |
| Amount Awarded: \$ | Date Player Notified: | |
| Board Signature: | | |