

## 2026 Corvallis Cavaliers Lacrosse Club Scholarship Application

The Corvallis Lacrosse Club understands that 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 the Club 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, attach a response to the short answer question, and submit materials by mail to Corvallis Lacrosse Club President, PO Box 534, Corvallis, OR 97339 or by email to [corvallislacrossepresident@gmail.com](mailto:corvallislacrossepresident@gmail.com).

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**Player Name:** \_\_\_\_\_ **School:** CHS, CV , PHS, Other \_\_\_\_\_

**Grade:** 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

**Home address:** \_\_\_\_\_

**Player Phone:** \_\_\_\_\_ **Player Email:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Phone:** \_\_\_\_\_ **Parent/Guardian Email:** \_\_\_\_\_

**Have you played on the Corvallis Lacrosse team in the past? Yes or No**

**Club dues are \$550. Please indicate the scholarship amount you are requesting, noting that \$500 is the maximum available per player. \$** \_\_\_\_\_

### **FINANCIAL INFORMATION** (parent/guardian to complete)

**Number of people living in the household (including yourself):** \_\_\_\_\_

**Total Gross Monthly Income of all members of the household:** \$ \_\_\_\_\_

**Does the player currently receive free or reduced lunch?:** Yes or No

**If there are other special circumstances affecting your ability to pay, please describe below:**

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### **SHORT ANSWER RESPONSE** (player to complete)

**Please tell us why you would like to be a member of the Corvallis Lacrosse team (~50 - 250 words). Attach your answer.**

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#### **For Board Use Only**

Date Received: \_\_\_\_\_ Decision Date: \_\_\_\_\_ Approved or Denied

Scholarship Amount Awarded: \$ \_\_\_\_\_ Date Player Notified: \_\_\_\_\_

Board Signature: \_\_\_\_\_