



Scholarship Application

Name of Student Athlete: _____

Student Athlete's grade in school: _____

Number of years Student Athlete has played Lacrosse: _____

Name of Parent/Legal Guardian: _____

Address: _____

Contact Number: _____

Email Address: _____

Name of Employer: _____

Registration fee \$550

Have you applied for scholarship from the Doug Foster Foundation or THPRD Yes/No

☐ I am requesting a partial scholarship in the amount of: _____

I will pay the remaining balance:

☐ In full

☐ Payment plan*

☐ I am requesting a scholarship for the full registration fee amount

Student Athlete agrees to participate in all club sponsored fundraising activities _____
Initial

Please email this application to registrar@mountainsidelax.com

* Payments are due by the first day of each month. Payment arrangements to be made with the Treasurer.

