



SOUTHRIDGE LACROSSE
7655 SW Danielle Ave, Beaverton, OR 97008
www.southridgelacrosse.org

**Scholarship Application
2024 Season**

Name of Student Athlete:

_____ Student Athlete's grade

in school: _____

Number of years Student Athlete's played Lacrosse: _____ For SR High School: _____

Name of Parent/Legal Guardians: _____

Address: _____

Best contact number: _____

Email _____ address:

_____ Name of

Employer: _____

Name of Second Parent/Legal Guardian:

Address (if different from above): _____

Best _____ contact _____ number:

_____ Email address:

Name of Employer:

Amount of Scholarship request:

Please describe your involvement as a volunteer with Southridge High School or Southridge Lacrosse:

Please describe Student Athlete's lacrosse fundraising efforts:

I certify that the information that I have provided above is true and accurate and acknowledge that I may be required to provide additional information to Southridge Lacrosse for the purpose of making an award determination.

Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Application submission is no guarantee of scholarship monies granted. Scholarship funds are limited and applications will be reviewed on a first come, first served basis.

Scholarship: Granted Denied

Amount of scholarship: _____

Volunteer requirements: _____

Board of Directors President: _____ Date: _____

Board of Directors Treasurer: _____ Date: _____

Southridge Lacrosse Association is a not for profit organization. All operations comply with the criteria set forth by the Internal Revenue Service for recognized 501(c)(3) tax-exempt organizations. Federal Tax ID #27-0697445