



FOLAX Scholarship Application

Scholarship Application for the 20____ Fair Oaks Lacrosse Season

Date: _____

Player Name: _____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ Email: _____

Player age bracket (Check One)

BOYS

- 8U
- 10U
- 12U
- 14U

GIRLS

- 8U
- 10U
- 12U
- 14U

Total Requested Amount: \$ _____

Parent/Guardian Signature: _____

Please email completed form to FairOaksLacrosse@yahoo.com. Put your player's name and "Scholarship Request" in the subject.

Thank you!