



VIPERS LACROSSE HARDSHIP SCHOLARSHIP APPLICATION

Athlete Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ (home), _____ (cell), _____ (work)

Email Address: _____

Date of Birth: _____ Grade: _____ School: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Full Scholarship requested

50% Scholarship requested

Attachments required with submittal of this form:

.. Written Request from Parent/Guardian explaining the reason for the hardship.

. Documentation if available, demonstrating the immediate financial hardship.

For Viper Use Only

Approved ____ Disapproved ____ Amount, if any, Awarded \$ _____

Viper Lacrosse Club President

Viper Lacrosse Club Treasurer

TERMS AND CONDITIONS

By signing this form, I certify that the above information is correct to the best of my knowledge. I understand that the Vipers Lacrosse club through awarding of a scholarship is not liable for any damage or injury occurring during participation in the sport for which the scholarship money is being used. You are also responsible for any equipment required for participation. Scholarships will not be paid to the individual recipient, nor will any money be refundable to the individual. I also understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from this program.

- . If a scholarship is awarded to a child for a season and the child quits playing the sport, the child will not be eligible to receive another scholarship for 1 year.
- . If a full scholarship is awarded to a child for a season, there will be 15 hours of volunteer work for the Vipers required by the parent/guardian.
- . If a family has more than one child applying for a scholarship, an application must be completed for each child. There will be 15 hours of volunteer work for the Vipers required by the parent/guardian per scholarship.
- . Each scholarship application will be considered on a case-by-case basis by the Vipers Lacrosse Club President & Treasurer. The application is considered private and will not be shared with anyone other than those representatives.

I understand that my child's participation in this program requires a commitment to attend a minimum of 90% of the scheduled practices and games.

By signing below, I agree to the above conditions.

Parent/Guardian Signature: _____

Date: ____/____/____

Participants

Name: _____

Vipers lacrosse club does not discriminate based on gender, race, class, economic status, ethnic background, sexual orientation, physical ability, or cultural and religious backgrounds.