

Spring-Ford Youth Lacrosse Scholarship

In the Spring of 2020 Spring-Ford Youth Lacrosse (SFYLAX) will offer a \$500 scholarship to any graduating senior that is a current member of the Spring-Ford men's high school lacrosse team or can show proof of playing in the Spring-Ford Youth Lacrosse program for 4 or more years, that is going to further his education. The education can be at any institution of higher learning (4-year college, 2-year college, trade school, etc.). **The deadline for submitting the completed application to SFYLAX is March 1.**

The scholarship, with no obligation to repay, will be awarded for the 2020-2021 academic year.

APPLICATION INSTRUCTIONS

1. An applicant must submit the following materials electronically to scholarship@springfordlacrosse.com:
 - a. The completed application form.
 - b. A one (1) page essay on how any aspect of lacrosse (the game, the coaches, the officials, teammates, the fans, parents, etc.) has had a positive impact on you & how you will use the lessons learned going forward. The essay must be no more than three hundred and fifty (350) words & submitted electronically to scholarship@springfordlacrosse.com
 - c. A recommendation from a lacrosse coach submitted on the form at the bottom of this document.
2. Following review by the scholarship committee, finalists may be asked to participate in a personal interview with the members of the committee.
3. **DEADLINE FOR ALL APPLICATION INFORMATION TO BE SUBMITTED TO scholarship@springfordlacrosse.com IS MARCH 1.**

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Submit to scholarship@springfordlacrosse.com, keeping a duplicate for your information.

Name: _____

Permanent home address: _____
(NUMBER AND STREET)

(CITY OR TOWN) (STATE) (ZIP CODE)

Telephone: _____ Date of Birth: _____
(HOME) (MONTH, DAY AND YEAR)

Email: _____

Date of Anticipated Date of High School Graduation: _____
(MONTH AND YEAR)

Institution of higher learning you hope to attend (in preferred order).

1. _____
2. _____
3. _____

APPLICANT'S CERTIFICATION STATEMENT

I hereby apply for a SFYLAX Scholarship Award. I understand that failure to provide the materials and information according to the timetable stated in this document will prevent my consideration for this award. I further agree:

1. To participate in a personal interview with the SFYLAX Scholarship Committee if deemed necessary by the committee.
2. To do my best to maintain a strong academic standing and make satisfactory progress as defined by the institution I will attend.
3. To assist SFYLAX Scholarship Committee in acquiring all necessary materials required by this application.
4. To permit SFYLAX to publicize my name and photograph in promoting this scholarship program.
5. That my scholarship may be revoked for any of the following reasons:
 - a) below standard level of academic achievement
 - b) withdrawal from the institution prior to the distribution of the funds
 - c) evidence of poor conduct
 - d) failure to provide information and materials as required by this document.
6. That SFYLAX assumes no responsibility or obligation beyond providing the amount of the scholarship awarded.
7. That SFYLAX may deposit my scholarship amount directly in my account at the eligible institution in which I enroll.

(SIGNATURE OF APPLICANT)

(DATE)

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Individuals who are asked to provide a recommendation must complete this form and return it directly to scholarship@springfordlacrosse.com.

Name of Applicant _____

Name of Person providing Recommendation _____ Title _____

Mailing Address _____

1. How well, how long, and in what capacity have you known the applicant?

2. In comparison with other students whom you have known at comparable stages of their careers, how would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

Excellent Very Good Average Below Average

<u>Leadership</u>	-----	_____
<u>Initiative</u>	-----	_____
<u>Seriousness of purpose</u>	-----	_____
<u>Enthusiasm</u>	-----	_____
<u>Maturity</u>	-----	_____
<u>Teamwork</u>	-----	_____

3. Please cite some specific examples of how, in your association with the applicant, he or she has demonstrated the above qualities. Please limit to one (1) paragraph.

Signed _____

Position _____ Date _____