



LCYSA SCHOLARSHIP APPLICATION FORM

Player Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Primary phone number: _____ Secondary phone number: _____

For what event are you applying for a scholarship?

Scholarship amount:

- Amount you can contribute \$ _____

Minimum parent contributions:

- Recreational season - \$10.00
- Camp Kick-A-Lot - \$20.00
- Classic Season - \$100.00

- Amount you are requesting..... \$ _____

The following information is requested to assist the LCYSA Committee in determining eligibility for each LCYSA scholarship. This information will be held in confidence, will not be disclosed to anyone except the LCYSA scholarship committee, and will be used only for the purpose of determining eligibility for LCYSA scholarships.

Explain any special circumstances (extraordinary expense, change in income etc.) which affect your ability to pay the LCYSA expenses (attach extra sheets as needed):

Number of LCYSA players in household _____

I hereby acknowledge that all information provided is true and accurate:

Name (please print) _____ Date _____

Signature _____

Relationship to Player _____

MAIL TO:

LCYSA P.O. Box 457 Warrenton, OR 97146

Please enclose/attach any other information you feel may help the scholarship committee to make a decision on your scholarship.

**** Deadline for all applications: July 31st**