



Anderson High School Men's Lacrosse

Scholarship Application

www.andersontrojanlacrosse.com

Player Name: _____ Birth Date ____/____/____
Address: _____ zip _____
Cell: _____ e-mail _____ Grade: _____ Student ID: _____

Mother/Guardian _____
Home Phone _____
Cell Phone _____
e-mail _____

Father/Guardian _____
Home Phone _____
Cell Phone _____
e-mail _____

Level of Scholarship requested:

- Full ____ (Fall & Spring - \$850) Spring ____ (\$750)
- Spring Partial A ____ (\$500 scholarship; \$250 fee payment)
- Spring Partial B ____ (\$250 scholarship; \$500 fee payment)

New Player uniform fees are not included.

Application Requirements:

1. Student must be enrolled in Anderson High School for the current academic year or otherwise qualified to participate in Anderson High School Lacrosse Program as a player.
2. Student must meet academic requirements to participate in Anderson High School Lacrosse Program.
3. Student must file a statement of financial need, and provide other reasonable information required to make determination of financial need.
4. **Mail application to:** AHS Men's Lacrosse, 3571 Far West Blvd. #190, Austin, TX 78731.

1. Scholarships awarded will be annual scholarships for the academic year of the application only.
2. All awards and amounts are at the sole discretion of Anderson High School Lacrosse Boosters Club.
3. All awards are dependent on financial need and the availability of funds.
4. Anderson High School Lacrosse Boosters Club reserves the right to discontinue this program at any time.

I certify that all information in this application packet is true to the best of my knowledge.

Signature (Parent or Guardian): _____ Date: _____