EDMOND LACROSSE CLUB, INC.
SCHOLARSHIP APPLICATION
2010 Spring Season

Player's Name: _____ Age: _____ Grade: _____

Sex: M or F (Circle one)

Parent/Guardian Name: _____

Address: _____

Phone: _____E-mail Address: _____

Is player currently eligible for free or reduced price school meals? yes or no (circle one)

If yes, please attach a copy of letter of eligibility from the Child Nutrition Services in their school district.

If no, please provide a written explanation of special circumstances below:

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Submit application to Edmond Lacrosse Club, Inc., PO Box 31271, Edmond, OK 73003-0022.