Columbus Lacrosse Club Scholarship Application

OVERVIEW Columbus Lacrosse Club(CLC) provides scholarships for registration fees to children, who without financial assistance would be unable to participate in CLC sports programs. CLC offers two types of scholarships, equipment and fees. Players may be awarded full to partial scholarships for either category. CLC is a 501(c)(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. If the number of scholarship applications submitted and approved exceeds the amount available, the scholarships will be awarded by a lottery system. CLC does not discriminate on the basis of race, color, national origin, sex or disability in its program and activities. Players will be required to pay the initial player deposit and USALacrosse registration fee.

ELIGIBILITY

- Athletes must be of eligible age to participate on a CLC team.
- Parents/Guardians and athlete must commit to attend a minimum of 90% of all scheduled practices and games. Failure to do so will make you ineligible for future scholarships unless extenuating circumstances such as injury, illness etc may prevent you from participation.
- Parents/Guardians agree to volunteer 4 hours, per scholarship recipient, with a maximum of 8 hours per family per calendar year. Hours will support CLC related activities and must be completed during the season in which the scholarship was granted.
- The maximum amount awarded per recipient family is \$599.00 per calendar year. Per IRS guidelines, CLC is required to issue a 1099 form to any individual or family that has received \$600.00 or more in funds or compensation in a calendar year.

PROCEDURE Scholarship requests must be submitted to CLC by March 1 prior to the start of the season in order to be considered. All items on the Scholarship Terms and Conditions must be initialed and the form must be signed and dated. Incomplete or late applications will be denied. The parent, guardian or head of household and player will be notified in either case of a scholarship being awarded or not. Approval of a registration scholarship does not register the participant in the activity. Athlete must still register online for the team in which the scholarship was awarded

Columbus Lacrosse Club Application Terms and Conditions

"I", "me" and "my" refer to the applicant.
1. By signing this form I certify that the information contained in this scholarship packet is true and
correct to the best of my knowledge
2. By signing this form I agree to be bound by the responsibilities and expectations set forth in this
application if I receive a scholarship
3. I understand that members of the Columbus Lacrosse Club Board of Directors consider each
scholarship application on a case-by-case basis
4. I understand that no guarantee of assistance is implied by this application and scholarships are
awarded if funds are available
5. I understand that unless I am awarded basic equipment as part of my scholarship, I am responsible for
any equipment and uniforms required for my child's participation
6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be
refunded to the individual recipient
7. I understand that if any information provided during the scholarship application is deemed inaccurate,
CLC may immediately terminate my benefit from the scholarship program, and in the case any

	•	• •	•	cholarship awarded	
8. I understand that if a scholarship is awarded, I am required to volunteer 8 hours, per scholarship					
			· ·	satisfy this condition will	
		my immediate family	from being consider	red for another scholarship	
for 12 months					
	• •	lity to ensure the playe	er attend 90% of all s	scheduled practices and	
games.			alara di 1916 a cara	and a discontinuous discontinu	
review board.		private and will not be	snared with anyone	e other than the scholarship	
			turned at the end o	f the season or I will be	
	ponsible for it				
Printed Name	of Parent/Guardian				
			Date:		
Name of Scho	olarship Athlete				
			Date:		
ATHLETE INFO	_				
Athlete's Nam					
Age:	Birth date:	School:		Grade:	
Address:		City:	State:	Zip: Teacher's Name: ()	
	her () Other PAREN	T / GUARDIAN INFORM	1ATION:		
Name:					
Address:			Phone:		
E-mail:					
SCHOLARSHIP	INFORMATION				
Amount of scl	holarship requested	:			
Do you also re	equest additional as	sistance to purchase ba	sic equipment need	ded for this sport season?	
() Yes () No	If yes, what equipm	ent is needed?			
Name of Tear	m:				
		LC scholarships before			
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Submit the application to your coach, team manager, CLC President Miranda Cross or Director of Lacrosse Joe Roland.