

Gig Harbor Lacrosse Scholarship Request Form



Personal Information

Athlete's Name: _____

Parent/Guardian Name : _____

Address : _____

_____ ZIP Code : _____

Date of Birth : _____

Phone No : _____ Email : _____

Grade Level: _____

Scholarship Percentage requested: _____

Non-School Activities:

School Activities:

Reason for scholarship request:

I affirm that the information provided in this cover letter is truthful and represents my genuine experience and qualifications.

Parent Signature: _____ **Date:** _____

Athlete Signature: _____ **Date:** _____