Teton Valley Youth Lacrosse Association
www.tetonlax.com

2026 Scholarship Application

📅 Submit by September 7th

Email to: heather@tetonlax.com

Player Information

Player USA Lacrosse ID:
Player Age:
Number of Players in Family:
Number of Years Playing Lacrosse:

Financial Information

Does this player qualify for:
☐ Free Lunch Program
☐ Reduced Lunch Program
☐ Neither

Statement of Need

Please describe in detail your reason(s) for requesting financial assistance:

Gear Rental Support

Would you like to request scholarship support for gear rental:
☐ Yes ☐ No

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Volunteer Commitment

I understand that if a scholarship is awarded, I am responsible for 5 volunteer hours per scholarship player per season (capped at 10 hours per family).

Signature: _____ Date: _____

For Office Use Only

Date Received: _____
Reviewed By: _____
Award Decision (100% / 50% / 25%): _____
Gear Rental Approved (Y/N): _____

⚠️ Incomplete applications may not be considered.