



## SPHS Boys Lacrosse Boosters Scholarship Application

### Application Procedure

1. Applications may be picked up at the SPHS Guidance Office in the Scholarship Box or you may print an electronic version of the application.
2. Completed application, letter of recommendation and short essay must be returned to the SPHS Guidance Office by the end of school on **May 1, 2018**. Additional paper may be used if more room is needed for any responses. Be sure your responses are detailed, complete and accurate.
3. After reviewing all applications, the SPHS Scholarship Committee will award 2 (two) \$500 scholarships to graduating Seniors who best match the following criteria:
  1. Played High School Lacrosse for a minimum of 2 years
  2. Maintained athletic eligibility for each year they play lacrosse
  3. Participated in lacrosse fundraising activities
  4. Participated in team activities
  5. Participated in volunteer/community service verified by adult reference
  6. Must be attending a post-secondary institution full time
  7. Completed short essay with this scholarship application
  8. A recommendation from a SPHS faculty member (cannot be a member of the Lacrosse Coaching Staff)

Any questions can be submitted to [sphsboyslax@gmail.com](mailto:sphsboyslax@gmail.com)

**Thank you for applying for the SPHS Boys Lacrosse Booster Scholarship!**

## SPHS BOYS LACROSSE BOOSTERS SCHOLARSHIP APPLICATION

### APPLICANT INFORMATION

Name:		
Date of birth:	E-mail:	Cell Phone:
Address:		
City:	State:	ZIP Code:
Parent Name:	Parent E-mail:	Parent Phone:

### SPHS Boys LAX INFORMATION

Number of years playing SPHS Lacrosse:		
Participated in Lax Fundraisers:	YES    NO <i>(please circle one)</i>	How many years?
Participated in Lax Team Events:	YES    NO <i>(please circle one)</i>	How many years?

### COLLEGE INFORMATION

College / University planning to attend:		
Did you file a FAFSA?	YES    NO <i>(please circle one)</i>	
Do you plan to be a Full Time Student?	YES    NO <i>(please circle one)</i>	
Intended Major:		

### COMMUNITY SERVICE

Please provide the name of an adult who can verify that you have volunteered doing community service. The person must answer an email regarding your community service.

Community Service Organization:	How long?
Contact Name:	E-mail:

### SCHOOL / COMMUNITY / VOLUNTEER ACTIVITIES (INCLUDE ANY LEADERSHIP ROLES)


### AWARDS / RECOGNITION FROM SCHOOL / COMMUNITY ORGANIZATIONS


### WORK EXPERIENCE

Please provide a brief description of work experience, including type of job and how long you worked / hours per week.


### SHORT ESSAY

On a separate paper, please write a **short essay (1-2 paragraphs)** describing something you did while being a player on the SPHS Lacrosse team that made a difference on the field, off the field and/or in the community.

### LETTER OF RECOMMENDATION

On a separate paper, please include a letter of recommendation from a SPHS faculty member (**cannot** be a member of the Lacrosse Coaching Staff).

### SIGNATURE

By signing this application, I grant permission for my transcript and application to be reviewed by the SPHS Scholarship Committee. All information is correct to the best of my knowledge.

Signature of applicant:	Date:
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