

## To Obtain a Scholarship

- ▶ Complete this application form and return it with proof of income to SMA Lacrosse administrator, Ken Cowles.
- ▶ We will review the information and compare it to established scholarship guidelines.
- ▶ All information will be kept confidential

### Scholarship Check List

All documentation requested below is required to process this scholarship application.

- Scholarship Application completed and signed
- Copy of a valid driver's license or picture ID
- Proof of income (one of the following)
  - Most recent tax return or W2
  - Last two pay stubs for all working adults in the household
- Unemployment Benefits Statement
- Current Social Security/Disability Statement

Are you (and your family) able to volunteer for the SMA Lacrosse program?

- Yes     No

If yes, what are your volunteer interests?

- Field
- Technology
- Other
- Fundraising
- Concession

## Scholarships

- ▶ SMA Lacrosse seeks to give aid for anyone who desires to participate, regardless of their ability to pay established membership or program fees. Those not able to pay the full fee may receive assistance based on their ability to pay.
- ▶ Scholarships are available for player registration and equipment loans. Please note that assistance is based on available funding and limitations may apply.
- ▶ It is unusual that 100% of the fee is provided. SMA Lacrosse is a non-profit program and receives no funding from the school administration. We depend on participant fees and community support to help maintain our program. Therefore, we expect participants to pay fees based on their financial ability.
- ▶ Our Scholarship Program is funded through donations to the SMA Lacrosse Program.
- ▶ Scholarships are provided for a specific time period. When that time is up, if help is still needed, you may reapply



## Our Mission

The primary goal for the SMA Lacrosse Program is to develop student athletes of character and integrity who possess high moral standards and ethics, who will serve as positive role models within their school and their community.

- We will place primary importance on our academic performance, and recognize the importance of lifelong learning.
- We will practice leadership and display courage in the face of public, peer and social pressures.
- We will hold ourselves and our teammates responsible and accountable for our thoughts, feelings and actions; we recognize as student athletes we represent not only ourselves, but our teammates, family, our school and our community.



**SMA Lacrosse Scholarship Application**  
 3590 17<sup>th</sup> Street, Sarasota, FL 34235

*All questions must be answered completely. (please print clearly or fill out electronically)*

Name of Participant \_\_\_\_\_  
 Participant Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Home \_\_\_\_\_  
 Have you previously applied for a scholarship?  Yes  No

Type of aid you are requesting	
<input type="checkbox"/>	Boys Registration
<input type="checkbox"/>	Girls Registration
<input type="checkbox"/>	Equipment
Are you (and your family) able to volunteer for the SMA Lacrosse program?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
If yes, what are your volunteer interests?	
<input type="checkbox"/>	Field
<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Technology
<input type="checkbox"/>	Concession
<input type="checkbox"/>	Other

**Household Members** (includes adult couples and legal dependants) Relationship Birthdate Age

Relationship	Birthdate	Age

Are you currently an SMA Lacrosse member or program participant?  Yes  No If yes, Please specify

Please give a short explanation of why you need a scholarship. Attach a separate sheet of paper if necessary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Income Information**

Applicant's Employer \_\_\_\_\_  
 Full time  Part Time Hours per week \_\_\_\_\_ Annual Income \_\_\_\_\_  
 Spouse's Employer \_\_\_\_\_  
 Full time  Part Time Hours per week \_\_\_\_\_ Annual Income \_\_\_\_\_

If you receive or have applied for any of the following income sources, please fill in the annual amount.

Child Support \$ \_\_\_\_\_ Alimony \_\_\_\_\_  
 Social Security/Social Security Disability \_\_\_\_\_ Food Stamps \_\_\_\_\_  
 Other income from you and from household members \_\_\_\_\_

**Annual income from all sources** \_\_\_\_\_

**I understand that this scholarship is short term only and I must reapply for any future scholarships.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_