



# North Olympic Peninsula Youth Lacrosse

*Home of the Port Angeles/Sequim Mountaineers*

## Nick Wright Memorial Scholarship Application

**North Olympic Peninsula Youth Lacrosse (NOPYL)** provides scholarships based on player need and the current financial status of the NOPYL. These scholarships are granted at the discretion of NOPYL’s board of directors at the beginning of each season.

To apply for a scholarship complete the following application and submit it to NOPYL’s Secretary (sharonk.prosser@gmail.com). All applications will remain confidential. Once reviewed, applicants will be notified with the terms of any scholarship granted. Incomplete applications will be returned for completion.

----- **Nick Wright Memorial Scholarship Fund Application** -----

Player’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Guardians’ Full Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Explain circumstance for need as completely as possible: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Items not covered by scholarship: Fundraising Obligation – sell 5 shaker sets of smoked salt**

**Scholarship Amount requested:** \$ \_\_\_\_\_ [enter amount up to \$125]. If you are not awarded this scholarship, will you still be able to participate? Yes \_\_\_\_\_ No \_\_\_\_\_. Do you need a scholarship for the USLacrosse membership of \$25.00? Yes\_\_ No\_\_ Would you be able to make payments (e.g., \$25 per month)? Yes\_\_\_\_ No\_\_\_\_\_.

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We kindly ask and encourage families receiving scholarship funds to volunteer and participate in NOPYL fundraising activities and team games and events (i.e., sideline manager, scorekeeper, timekeeper, team parent, salt sales).

I certify that the financial situation of the child nominated warrants that he/she be given the opportunity to receive a scholarship award.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date



# North Olympic Peninsula Youth Lacrosse

*Home of the Port Angeles/Sequim Mountaineers*

## ***NOPYL COPY***

Grant Recipient: \_\_\_\_\_ Season: \_\_\_\_\_

Parents: \_\_\_\_\_

Amount Granted: \_\_\_\_\_

Terms: \_\_\_\_\_

Dated: \_\_\_\_\_

NOPL President

----- ***Nick Wright Memorial Scholarship Fund Grant*** -----

## ***APPLICANT'S COPY***

Grant Recipient: \_\_\_\_\_ Season: \_\_\_\_\_

Parents: \_\_\_\_\_

Amount Granted: \_\_\_\_\_

Terms: \_\_\_\_\_

Dated: \_\_\_\_\_

NOPYL President