

# Cambridge Youth Lacrosse – Scholarship Application

Asking for assistance can often be challenging, but CYL wants to facilitate this process. All scholarship requests and awards are private information and will not be shared with anyone outside of our Scholarship Committee.

## Parent/Guardian Information

Full Name	
Address	
Address 2	
Email	
Phone	

## Athlete Information

Full Name	DOB	Grade	Years Playing CYL

*\* Feel free to continue on back if more space is needed...*

## Scholarship Information

1. What is your total family bill from CYL?

2. How much can your family reasonably pay towards your CYL bill?

3. Please describe why you need assistance this season:

Please return completed application to:  
[scholarships@cambridgeyouthlacrosse.org](mailto:scholarships@cambridgeyouthlacrosse.org) or PO BOX 380411, Cambridge, MA 02238