



## **Holliston Youth Lacrosse Association Scholarship ELIGIBILITY AND SELECTION CRITERIA**

The Holliston Youth Lacrosse Association is proud to offer one or more college scholarships to recognize deserving high school seniors who have participated in the Holliston Youth Lacrosse Association program. Under this scholarship, one male and one female student-athlete annually will be awarded a scholarship in an amount determined by the Association's Scholarship Committee and the Board of the Directors. Payment of the scholarship will be made directly to the recipient's educational institution.

### **Eligibility Criteria**

In order to be considered for a scholarship, the applicant must meet the following criteria:

1. Applicant must be a graduating senior, pursuing higher education.
2. Applicant must have participated in the Holliston Youth Lacrosse program.
3. Applicant does not have a parent, guardian or relative currently serving on the Scholarship Committee or Board of Directors of the Holliston Youth Lacrosse Association.

### **Selection Criteria**

The Scholarship Committee may consider the following factors when selecting a scholarship recipient:

1. Academic performance;
2. Good sportsmanship, including honesty, integrity and leadership;
3. Participation in extracurricular activities; and
4. Community involvement.

Students who wish to be considered for the Holliston Youth Lacrosse Association scholarship should complete the Application Form available on the Association's website.

Submit your application and supporting materials by April 30 to:

Email: [moe.dave@verizon.net](mailto:moe.dave@verizon.net)  
Or mail: Scholarship Committee  
43 Appleyard Lane  
Holliston, MA 01746



## Holliston Youth Lacrosse Association SCHOLARSHIP APPLICATION

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ Date of birth: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. High school attended: \_\_\_\_\_
6. Date of graduation: \_\_\_\_\_
7. Plans for after graduation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How many years did you play in the Holliston Youth Lacrosse Association? \_\_\_\_\_
9. Name of last team: \_\_\_\_\_ Name of last coach: \_\_\_\_\_
10. On separate sheets of paper please enclose the following:
  - a. An essay of approximately 200 words: "What Holliston Youth Lacrosse has meant to me"
  - b. A recommendation from a Teacher or Guidance Counselor
  - c. A recommendation from a Holliston Youth Lacrosse coach (other than a parent or a guardian)
  - d. If you have volunteered with the Holliston Youth Lacrosse Association, please enclose a statement that outlines when you volunteered and your role as a volunteer. Have it signed by a present or former Holliston Youth Lacrosse board member or coach.

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