



William "Billy Nigh" Scholarship Memorial Fund Application

TYLA believes every child should have the opportunity to play Lacrosse. Scholarships and financial aid are available through the William "Billy Nigh" Scholarship Memorial Fund.

Billy was a well-known and highly regarded lacrosse player who played and participated in the TYLA program. Billy's work ethic and love for the game was an inspiration to his teammates and coaches. He loved and played the sport with passion and excellence, embodying the game of lacrosse. Tragically, Billy was killed in an automobile accident in 2003.

In honor of Billy's memory, the Tacoma Youth Lacrosse Association has established the William "Billy Nigh" Scholarship Memorial Fund. The scholarship fund will assist families and players who otherwise would not be able to participate due to financial constraints. Through the William "Billy Nigh" Scholarship Memorial Fund, Billy will continue to have a positive impact with TYLA and lacrosse.

Application instructions:

- Section 1: to be completed in full by perspective player.
- Section 2: to be completed in full by parent or legal guardian.
- Please mail completed application to:
(must be received no later than December 15, 2009)

Tacoma Youth Lacrosse Association
William "Billy Nigh" Scholarship Memorial Fund
PMB 176 3800A Bridgeport Way
Tacoma, WA 98466

****LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

SECTION 1 – To be completed by player

At what age did you first start playing lacrosse?

How did you become interested in playing lacrosse?

What do you like most about playing lacrosse?

Player Signature:

Date:

SECTION 2: To be completed in full by prospective player's parent or legal guardian.

Player's Name:

Player's Home Address:

Player's Home Phone #:

Parent's / Legal Guardian's Name:

Parent's / Legal Guardian's Daytime Phone #:

Player's Birth Date (month/date/year) *and* Age:

Player's Current School:

What is your gross annual household income?

Please list all financial circumstances that you would like to have considered as a basis for recommending this applicant for a scholarship.

If you are not awarded this scholarship will you still be able to participate?

Yes _____ No _____

Amount Requested _____

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

Parent / Legal Guardian (please print)

Parent / Legal Guardian Signature/Date

Street Address

City

State

Zip Code

Home Phone #

Work Phone #

Cell Phone #

Email address

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TYLA Approval _____

Date _____