Pembroke Youth Lacrosse Scholarship

Name: _____

Address: _____

Email: _____

***Requirement* Recipient must play on the PHS Lacrosse Team**

List any academic honors, awards, and membership activities in high school (if you have completed a resume, you may attach to application):

List any hobbies, outside interests, extracurricular activities, and volunteer activities (if you have completed a resume, you may attach to application):

Please check one:

_____ I have selected the University that I will be attending

Name of University:

Intended Major:

_____ I have NOT selected the University that I will be attending

Intended Major:

_____ Other (Service Enlistment, Trade Certification, etc.)

How many years have you participated in Pembroke Titans Youth Lacrosse:

What is the most rewarding aspect of being a student athlete for you?

Mail completed applications to:

Barbara Murphy

15 Stone Ridge Lane

Pembroke, MA 02359

DEADLINE APRIL 6, 2026