



Verona Lacrosse Club Scholarship Request

The Verona Lacrosse Club (VLC) provides registration fee scholarship assistance to families who demonstrate a need or hardship that prohibits their child the opportunity to play the game of lacrosse without some financial relief. Note that scholarships are not intended to waive the entire registration fee, but only to assist. Financial assistance is not provided for the annual U.S. Lacrosse membership fee and/or equipment purchase or rental.

Eligibility: Families receiving free or reduced school lunch programs qualify for scholarship assistance. Other families experiencing hardship may also qualify. The VLC President and Treasurer will review each circumstance for scholarship awards.

Scholarship Requirements:

1. *Participation:* Scholarship recipients are expected to attend a minimum of 80% of scheduled practices and games.
2. *Volunteerism:* Scholarship recipient families are expected to volunteer the minimum commitment identified in the VLC Volunteer Policy. Alternatively, scholarship recipient families can fulfill all volunteer requirements through board-level or other seasonal volunteer opportunities. Failure to fulfill the volunteer requirements may result in scholarship ineligibility in future years.
3. *Payment:* Players will be liable for the registration fee balance remaining after the application of the scholarship amount. If that balance is not paid by the date agreed upon, the player will not be able to practice or play games until payment is made.

Application Deadline and Requirements: Completed applications with supporting documentation of your need must be postmarked or received by the VLC President and Treasurer no later than February 15. Scholarship funds will be applied only toward VLC registration fees. Online registration forms and forms required for high school level play must also be completed and given to the appropriate Age Level Director.

Scholarship Award Date: Applicants will be notified of their scholarship award no later than March 1.

Parent/Guardian Name: _____

Address, City, State, Zip Code: _____

Phone: _____ E-mail: _____

Player 1 (Name, Age, Grade, Girl/Boy): _____

Player 2 (Name, Age, Grade, Girl/Boy): _____

Player 3 (Name, Age, Grade, Girl/Boy): _____

FREE OR REDUCED LUNCH

Our family qualifies for: Free Lunch Reduced Lunch

For free or reduced lunch, please attach a letter from the school (nutritic@verona.k12.wi.us) as supporting documentation or request an email to be sent from the school to treasurerveronalax@gmail.com confirming your eligibility for free or reduced lunch.

OTHER HARDSHIP

Our family doesn't qualify for free or reduced lunch but is experiencing a hardship and requests assistance. Please explain as thoroughly as possible your request for financial assistance:

Authorized Parent/Guardian _____

Name (print)

Signature

Submit form and supporting documentation to: Verona Lacrosse Club, Inc., P.O. Box 930548, Verona, WI 53593
Direct questions to vlaxclubpresident@gmail.com