

NHYL Financial Aid Policy

This policy applies to players in the North Haven Youth Lacrosse programs. Subject to the availability of funds, NHYL shall offer financial aid for NHYL registration fees to those members that demonstrate financial hardship. The decision to make any award, the amount thereof, and the beneficiaries shall be made on a defined set of decision factors that are consistently applied under the circumstances. Notwithstanding the forgoing, all award decisions are made at the sole discretion of the NHYL Board of Directors (BofD). The application information will be kept confidential by the NHYL BofD.

Applications – Completed applications may be mailed to Attn: Treasurer, North Haven Youth Lacrosse, P.O. Box 905, North Haven, CT 06473 or e-mailed to pcampanelli@pacgroupllc.com. Incomplete applications may result in disqualification.

Award decisions will be made on a rolling basis as the applications are received with the **deadline for submission two months before the start of the season (assume April 1)**. All applicants must re-apply each season to be considered. Applications received first may receive preferential consideration based on the availability of aid funds.

Eligibility – Any NHYL member is eligible to apply for financial aid. Qualification is primarily based on verified family income. The eligibility threshold is combined parental Adjusted Gross Income (line 37 on Federal tax return Form 1040) not exceeding \$60,000. Other factors such as unemployment or other financial hardships may also be considered by the Financial Aid Committee.

Amount of Aid Award – The Board or Treasurer shall determine the amount of financial aid available for a season; however, there is no obligation to award all/any of the award pool. Based on the amount of the award pool and the amount of requests for financial aid, awards will be made on a sliding scale based on verified family income. The maximum amount of an award to an individual shall not exceed 100% of the NHYL registration fee for Recreation players.

Insurance – For liability reasons all players will need to purchase and maintain program insurance with the US Lacrosse Club. This typically is \$30 per season. Financial aid will not be available for insurance reimbursement.

Application Process - Applications for financial aid are available online. Applicants must register the player in the NHYL registration system each season. Any remaining NHYL registration fees must be paid in full on a timely basis for the player to be eligible to participate on a NHYL team. Annual awards will be credited in equal amounts at the beginning of each season subject to applicant's re-registration and confirmation of continuing need in the spring season. *A signed copy of the most recent Federal tax return on Form 1040 (or applicable form) for both parents of the applicant (supporting schedules and attachments are not required unless requested) must be filed with the financial aid application.*

Applications will be evaluated by the BofD. Notification of aid award decisions shall be sent via email to each applicant. If Financial Aid is granted it is expected that one or both of the parents will make themselves available to volunteer for one of the several positions that are open.

Questions – Questions about financial aid awards may be emailed to pcampanelli@pacgroupllc.com

NORTH HAVEN YOUTH LACROSSE
Player Financial Aid Application

Player's name: _____

Birth date: _____

Player's Current Grade: _____

Player gender and age group: _____

Parents' names: _____

Home address: _____

Home phone: _____

Email address: _____

Estimated gross family income for current year: \$ _____

Adjusted Gross Income from most recent tax return (Form 1040, line 37): \$ _____

Attach a signed copy of both parents' most recent Federal tax Form 1040 or similar form, supporting schedules not required unless otherwise requested.

Employer/position/years of service for: Father _____

Employer/position/years of service for: Mother _____

Please list any other information you wish to be considered in evaluating this application (e.g., recent changes in family income levels, employment status, or other financial hardship): _____

I have read the NHYL Financial Aid Policy and understand that NHYL registration fees must be paid in full on a timely basis for my child to be eligible to play for a NHYL team. I confirm that the information provided herein is true and correct. I understand the NHYL Board of Directors may request additional information in consideration of this application.

Agreed to by parent (signature):

Name (print): _____ Date: _____