



# THREE RIVERS LACROSSE FINANCIAL ASSISTANCE APPLICATION

**Program description:** Three Rivers Lacrosse Club is a non-profit youth Lacrosse organization that offers a Financial Assistance program for youth participants who are in need of financial aid in order to play. Each request for aid is considered on a per season basis and applies to registration fees only. Participants are required to purchase a US Lacrosse Membership, Uniform, and their own required safety gear (rentals may be available). The amount of aid and number of family members/players receiving aid is dependent upon available funding and is not guaranteed from year to year.

**Confidentiality:** *All gathered information is for the express and sole purpose of assisting the Three Rivers Lacrosse Board in making financial assistance decisions. Scholarship requests are strictly confidential. Incomplete forms will not be considered.*

## Application for Financial Assistance

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Household Size: Number of Adults \_\_\_\_\_ Number of Children (Under 18) \_\_\_\_\_ Income \$ \_\_\_\_\_ per \_\_\_\_\_

### Participant Information

1) Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School (Fall of Club Year): \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Needs: \_\_\_\_\_  
Additional Info: \_\_\_\_\_  
2) Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School (Fall of Club Year): \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Needs: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

Have any of the participant(s) above ever received financial assistance from Three Rivers Lacrosse Club? Yes [ ] No [ ]

If yes, please list amount(s) and season(s): \_\_\_\_\_

Are any of the children in your household eligible for free or reduced lunch? Yes [ ] No [ ]

Reason for Requesting Aid:


### Financial Aid Requested:

Total Cost of Registration Fees \$ \_\_\_\_\_  
Amount You Can Pay \$ \_\_\_\_\_  
Total Financial Aid Requested \$ \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Requirements and that to the best of my knowledge that the above information is true and accurate.*

### I/We are volunteering for:

Shootout [ ] Ice Sales [ ] Coaching [ ]  
Committee (list) \_\_\_\_\_ [ ]  
Team Manager [ ] Other (list below) [ ]

*I certify that I had read the Three Rivers Lacrosse Financial Assistance policy and agree to adhere to the Recipient*

### For Three Rivers Lacrosse Board Use ONLY

Request Approved: Yes [ ] No [ ]  
Amount Requested \$ \_\_\_\_\_ Amount Approved \$ \_\_\_\_\_  
Required Family Contribution \$ \_\_\_\_\_

Notes:
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