



MONTCLAIR BOYS JUNIOR LACROSSE

CHARTER MEMBER OF THE NEW JERSEY JUNIOR LACROSSE LEAGUE, A SUB-DIVISION OF U.S. LACROSSE, THE NATIONAL GOVERNING BODY FOR THE SPORT OF LACROSSE

Our Program is Open to all Montclair Resident Boys in Grades K-8

2019 Financial Assistance Application (Family Application)

Please fill out this form in its entirety and Print Clearly. Scholarships are valid for one school calendar year.

Contact Information:

Date: ____/____/____

Player(s) Name: _____

Parent / Guardian Full Name: _____

Your Birth Date (MM/DD/YR): ____/____/____

Home Address: _____

Your Cell Phone: _____

Your E-mail: _____

Spouse's Full Name(s): _____

Spouse's Birth Date (MM/DD/YR): ____/____/____

Spouse's E-mail: _____

Spouse's Cell Phone: _____

Family Roster:

Please list your child(ren) under the age of 20:

	<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>School</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Procedure: Please contact the school your child attends to request your letter of approval for free or reduced lunch.

Qualified applicants who receive **free lunch services** will be eligible for a 75% discount on the MBJL registration fee (not including the mandatory \$30 registration fee to U.S. Lacrosse, which provides added insurance coverage for each player).

Qualified applicants who receive **reduced lunch (fee) services** will be eligible for a 50% discount on the MBJL registration fee (not including the mandatory \$30 registration fee to U.S. Lacrosse, which provides added insurance coverage for each player).

Qualified applicants that are requesting a hardship/scholarship program **that do not participate in free or reduced lunch** may receive a reduced registration fee and/or payment plans. Please submit a brief explanation of your need with this completed form.

Please mail the Lunch Program letter or brief hardship explanation with this completed application form (to be used for approval of scholarship) to:

The Lacrosse Club of Montclair
c/o Jessica Freeman
20 Van Vleck St
Montclair, NJ 07042

Or, you can email both forms to
MontclairLaxRegistrar@gmail.com

If you have any questions, contact Jessica Freeman at
MontclairLaxRegistrar@gmail.com
or phone 201.618.5869.