



**Biddeford Youth Lacrosse
Financial Assistance Application (2015)**

PLAYER'S NAME: _____ GENDER: M F GRADE: _____

PARENT/LEGAL GUARDIAN: _____ PHONE: _____ E-mail: _____

ADDRESS: _____

Biddeford Youth Lacrosse Charitable Commitment:

Biddeford Youth Lacrosse is committed to providing charitable and affordable access to our youth lacrosse programs. Thanks to contributions from individuals and corporations who have given money for player financial assistance, we have partial scholarships available to players in need. **Players receiving scholarships are expected to pay their 2015 US Lacrosse dues (\$25, only for players in the 2-8 program) and \$10 towards their annual program fee (if you are not able to afford the \$10 co-payment please indicate this on the application form). Finally, all players and families receiving BYL scholarships are asked to work as BYL volunteers.**

I am requesting financial assistance for the following:

- Kindergarten – 2nd grade program fees: \$40 (\$30 on, or before, 2/28) (Sticks can be borrowed for free.)
- 2nd – 8th grade program fees: \$80 (\$65 on, or before, 2/28)

Total financial assistance request: \$ _____

Please follow the following procedures to secure financial assistance for your player:

- Complete this application and send along with \$10 (cash or check payable to Biddeford Youth Lacrosse)
To: Sharon Sesling-Labonte, BYL Scholarship, 697 South Street, Biddeford, Maine 04005.

Email: scholarship@biddefordyouthlacrosse.org

- Once your scholarship is approved you will receive a confirmation letter, at which time you should go online (registration.biddefordyouthlacrosse.org) to register and join US Lacrosse.

Indicate all possible areas of volunteer commitment:

- Score/time keeper Lining field Practice assistant Registration assistant
- BYL board End of year picnic Team parent Team drinks and snacks
- Photography/video Fundraising Other: _____

1. Please indicate your annual household income: \$ _____ and # of dependents: _____

2. Does your family receive any public financial assistance? Yes No

3. Please tell us why you need financial assistance from BYL: _____

With my signature I verify that my player would not be able to play for Biddeford Youth Lacrosse without this financial support. I also agree to pay my co-payment of \$10 and pay my US Lacrosse dues at the time this scholarship is awarded and during the registration process.

Signature of parent or legal guardian

Date Submitted