



## APPLICATION FOR FINANCIAL ASSISTANCE

As a non-profit organization, Santa Barbara Girls Lacrosse Association (“SBGLA”) believes that every child should have the opportunity to play lacrosse regardless of their family’s financial situation.

SBGLA applications for financial assistance apply to a single child and a single program. All information below is required and your application must be signed and dated in order to be processed. The SBGLA Board of Directors reviews all applications. You will be notified of the approved amount of financial assistance as soon as possible. This program is not meant to be a handout but rather a financial assistance program made available to those who meet the qualifying criteria and are committed to SBGLA. Families who receive financial assistance will be expected to volunteer their time to support SBGLA.

Financial assistance is granted based on the following criteria

- Availability of funds
- Financial need of parent(s) and child applicant
- Special personal circumstances
- Past and current standing within SBGLA

### Player/Parent Information

Player Name: \_\_\_\_\_

Player School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

*REQUIRED: Include a copy of most recent grade report*

Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

Current or most recent employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Years at employer: \_\_\_\_\_

## Household Information

List all legal guardians in the household

Parent/Guardian: \_\_\_\_\_

Currently Employed: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Currently Employed: \_\_\_\_\_ Employer: \_\_\_\_\_

List all other family members living in the household

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Plays Lacrosse? Yes No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Plays Lacrosse? Yes No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Plays Lacrosse? Yes No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Plays Lacrosse? Yes No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Plays Lacrosse? Yes No

Years at above address: \_\_\_\_\_ Rent or Own? \_\_\_\_\_

If renting, is your rent subsidized? \_\_\_\_\_ *REQUIRED: Include a copy of your subsidized housing documentation, if applicable*

List all sources of income:

Monthly Gross Household Salary/Wages: \$ \_\_\_\_\_ *REQUIRED: Include 2 copies of 2 most recent check stubs or bank statements*

Monthly Child Support/Alimony Amount: \$ \_\_\_\_\_ *REQUIRED: Include a copy of court papers, if applicable*

Additional Income: \$ \_\_\_\_\_ *REQUIRED: Include documentation, if applicable*

## Volunteer Commitments

Check all areas where you would like to volunteer

\_\_\_\_\_ Field Preparation

Assist with goal setup, clearing debris from field, painting lines on grass, and related tasks as needed

\_\_\_\_\_ Team Parent

Assist coaches. Help notify team families of any schedule changes (rain-outs, re-scheduling, etc.)

Which program are you applying for financial assistance for?

Spring After-School       Fall/Winter Clinic Series

What level of financial assistance would you like to receive?

Full Registration Fee       50% off Registration Fee

\* Note, SBGLA does not provide assistance to cover late fees, equipment costs or US Lacrosse membership

Please give a brief description of the reason why you are requesting financial aid.

---

---

---

---

---

All forms must accompany the application for the applicant to be considered. <b>DO NOT SEND ORIGINALS</b>	CHECK BOX
Copy of most recent grade report	<input type="checkbox"/>
Copy of subsidized housing documentation, if applicable	<input type="checkbox"/>
Copies of 2 most recent check stubs or bank statements	<input type="checkbox"/>
Copy of court documents for Alimony income, if applicable	<input type="checkbox"/>
Copy of documents for additional income, if applicable	<input type="checkbox"/>

To ensure prompt processing of your application, please read and check the following boxes

- I certify that I have read and agree to the terms of this document
- I certify that I have no unpaid obligations to Santa Barbara Girls Lacrosse Association
- I certify that all information is accurate and completed to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail your completed application and documentation to:**

Santa Barbara Girls Lacrosse Association  
Att: Robert Ball / CONFIDENTIAL  
2440 Sycamore Canyon Road  
Santa Barbara, CA 93108