

MISSION LACROSSE CLUB
APPLICATION FOR FINANCIAL ASSISTANCE

Mission Lacrosse Club applications for financial assistance apply to a single child and a single competitive season. All information below is required and your application must be signed and dated in order to be processed. You will be notified of the approved amount of financial assistance. This program is not meant to be a handout but rather a financial assistance program made available to those who meet the criteria and are committed to Mission Lacrosse Club. Families who receive financial assistance should expect to volunteer their time to support the club.

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 with Mission Lacrosse Club.

Player/Parent Information

Player Name: _____

Mobile Phone: _____ Email: _____

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

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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, painting lines on grass, and other tasks as needed.

_____ Team Parent

Assist coaches at tournaments. Travel with and set up team tents, organize team pool parties at the hotel, select team dinner restaurants, etc.

For which program are you applying for financial assistance?

Summer Season Fall / Winter Season

What level of financial assistance would you like to receive?

Full Registration Fee 50% off Registration Fee

* Note, Mission Lacrosse Club does not provide assistance to cover late fees, equipment or U.S. 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. DO NOT SEND ORIGINALS	CHECK BOX
Copy of most recent grade report	<input type="checkbox"/>
Copy of subsidized housing documentation, if applicable	<input type="checkbox"/>
Copies of W2 or equivalent for all household earners.	<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 Mission Lacrosse Club.
- 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:

Paul Ramsey
301 N Calle Cesar Chavez
Santa Barbara, CA 93103