

## MISSION LACROSSE CLUB

### APPLICATION FOR FINANCIAL ASSISTANCE

Mission Lacrosse Club applications for financial assistance apply to a single competitive season (fall, winter, spring or summer). All information below is required and your application must be signed and dated in order to be considered. You will be notified of the approved amount of financial assistance. This program is meant to be a financial assistance program made available to those who meet the criteria and are committed to Mission Lacrosse Club. It's not meant to be a handout. Families who receive financial assistance should volunteer their time whenever possible to support the club.

Financial assistance is granted based on the following criteria:

- Availability of funds.
- Financial need of parent(s) and child applicant.
- Good citizenship and good grades by the student.
- 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:

Parent/Guardian 1: \_\_\_\_\_

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

Parent/Guardian 2: \_\_\_\_\_

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

List all other family members living in the household:

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

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

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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.

\_\_\_\_\_ Home Games & Practices

Assist with goals, field lining, transporting tents and other any tasks as needed.

\_\_\_\_\_ Away Games & Tournaments

Assist coaches at tournaments. transport and set up team tents, organize team pool parties at the hotel, reserve team dinner restaurants, etc.

For which program are you applying for financial assistance?

☐ Spring Season                      ☐ Summer Season                      ☐ Fall Season

What level of financial assistance would you like to receive?

☐ Full Registration Fee                      ☐ 50% Discount                      ☐ 25% Discount

\* Note, Mission Lacrosse Club does not provide assistance to cover late fees or U.S.A. Lacrosse membership.

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

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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 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:**

Mission Lacrosse Club  
Att: Paul Ramsey  
301 N Calle Cesar Chavez  
Santa Barbara, CA 93103