



APPLICATION FOR FINANCIAL ASSISTANCE

Applicant Name _____

Date of Birth _____ Grade _____ School _____ Years in TYLA _____

Team/age group applying for: _____ Cost: _____

Parent(s)/Guardian(s) Name* _____

* Person(s) financially responsible for child

Mailing Address _____ City _____ ST _____ Zip _____

Participant Phone: Home _____ Mobile _____

Guardian Phone: Home _____ Mobile _____

How much financial assistance are you requesting from TYLA? _____

Please note that all participants must pay a minimum fee of \$50.00 plus US Lacrosse card fee and contribute 4 hours of volunteer time compensation.

Are you receiving monetary support, from any source, for the lacrosse activities of the applicant? _____

If yes, please explain. _____

Is your child currently receiving free or reduced lunch at school? _____

Has the applicant received financial assistance from TYLA in the past? _____

Please list any additional conditions that affect your financial position that are pertinent to helping us determine where the greatest needs lie among the families who desire financial assistance. _____

Please explain why the hopeful participant wants to be involved in TYLA: _____

Please provide a recommendation from last year's coach or a current school teacher.

I hereby certify that all the above information is true and correct.

Parent/Guardian Signature _____ Name (Please Print) _____ Date _____

Please submit via email to telluridelax@gmail.com or by Mail to TYLA, PO Box 662, Telluride, CO 81435.

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