

YOUTH SPORTS SCHOLARSHIP PROGRAM APPLICATION

PARENTS: COMPLETE THIS FORM AND SUBMIT IT TO

CUMBERLAND YOUTH LACROSSE

Attn Lisa Spencer

PO Box 414

Cumberland, ME 04021

Child's Name: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Program: Boys Girls Grade 3 4 5 6

Which type of assistance are you requesting?

Registration Fee Waiver

Equipment (if available)

It is CYL's request that in exchange for assistance the parents will volunteer to help the organization throughout the season.

By signing this document you are agreeing that you need assistance to enable your child to participate in Cumberland Youth Lacrosse.

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Cumberland Youth Lacrosse will handle your scholarship application with discretion and full privacy.

Revised June 2012

I verify this applicant is receiving aid as specified above.

Name of Official Verifying Aid: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Aid or Service Program: \_\_\_\_\_ Case #(if applicable) \_\_\_\_\_