

WAYZATA LACROSSE ASSOCIATION
2007 - 2008 SEASON

APPLICATION FOR SCHOLARSHIP GRANT

The Wayzata Lacrosse Association is sensitive to those District #284 families whose finances make it difficult to participate in the lacrosse program. The WLA Scholarship Fund was established to help those families with financial need. Because the Scholarship Fund has finite resources, scholarship assistance must be limited to those families most in need. As a relevant proof of financial need, the WLA uses acceptance into the School Reduced or Free Student Lunch Program as the primary criteria for awarding scholarship grants in addition to all income received by the player family.

For families not accepted into the School Lunch Program, but experiencing Special Financial Circumstances, appeals for Scholarship assistance will be decided by the WLA Officers, in closed session, at the applicant's request. Scholarship grants awarded may be full or partial, may require participation in fundraising activities, depending on circumstances, and **additional documentation** may be requested. Please use the back of this form for additional comments.

Please complete the following information and return this form with your registration materials, along with proof of acceptance into the School Lunch Program directly to:

Wayzata Lacrosse Association
P. O. Box 775
Plymouth, MN 55391
Attn: Registrar

DATE: _____ PHONE: _____

PLAYER NAME: _____ PLAYER LEVEL: _____

CIRCLE ONE - PLAYER CAN PARTICIPATE IN FUNDRAISING PLAYER CAN NOT PARTICIPATE IN FUNDRAISING

If player can not participate in fundraising activities provide explanation on back of this form.

ADDRESS: _____

PARENT(S)/GUARDIAN _____

EMPLOYER (MOM): _____ PHONE: _____

EMPLOYER (DAD): _____ PHONE: _____

MONTHLY GROSS INCOME: _____ MONTHLY CHILD SUPPORT: _____

STATE/FEDERAL GOV'T FINANCIAL SUPPORT: _____

ANNUAL BONUS/COMMISSION INCOME: _____

HOUSING: OWN _____ RENT _____ SUBSIDIZED _____

DO YOU QUALIFY FOR THE SCHOOL LUNCH PROGRAM? _____

The above information is correct to the best of my/our knowledge. Should any of the information be proven incorrect, I/we agree to reimburse WLA for any financial assistance already received for the current season.

PRINT NAME(S) _____

SIGNATURES(S) _____

<i>For WLA Use Only</i>			
<i>Player level</i> _____			
<i>Approved</i> _____	<i>Amount</i> _____	<i>Date</i> _____	<i>Signature</i> _____