

Kettle Moraine Lacrosse Hardship Fund Request Form

A separate fund has been set up to see that boys and girls can play recreational lacrosse in the KM community. This fund will be used to help defray the costs for families that have a hardship situation and cannot afford a portion of the costs of the registration.

Application Criteria and Instruction:

- Sufficient need or merit must be demonstrated
- Completed applications must be submitted by mail to Community Ed.
349 North Oak Crest Drive, Wales WI 53183
- Due by Tuesday, January 2, 2018 for high school players;**
- Due by Wednesday, January 31, 2018 for youth players.**

Section I: Applicant Information

Name:

Address:

City/State/Zip

Day Telephone

Evening Telephone

E-mail

Level- Boys _____ Girls _____ HS _____ Youth _____

Section 2: General Information

Please describe situation for which Applicant is requesting a Grant. Discuss purpose of Grant and expected results. Include as much detail as you feel necessary and attach any supporting documentation (e.g. medical bills, newspaper article etc.)

How long has the Applicant been involved in KM Lacrosse and in what capacity? (e.g. official, player, coach etc.)

Is there a specific amount that you are requesting? If so, how much? \$_____

Section 3: Terms and Conditions

In applying for a Grant request, the Applicant acknowledges the following:

- The information submitted in this Application is complete and accurate to the best of the Applicant’s knowledge.
- The Applicant understands that this form is only an application and does not guarantee that KM Lacrosse will provide a grant.
- The Applicant agrees to allow his/her name to be used by KM Lacrosse/ Community Education KM School District in association with the requested Grant. (Names will be kept confidential, unless requested by the courts: such as divorce, bankruptcy and etc.)

Signature of Applicant Date