

# MIDDLETOWN YOUTH LACROSSE

**Parents/Guardians: Complete only one application for each household.** To apply for financial assistance for your children, you must list the names of all members of the household in Part 4. Return the application to:

MiddletownYouthLacrosse@gmail.com

-or-

Middletown Youth Lacrosse; 130 Miner Street Middletown, CT 06457

Financial assistance is available on a *first come, first serve* basis to families that are eligible. Parent/guardian participation in fundraising and volunteering will be required. \$25 fee for US Lacrosse membership as required by US Lacrosse.

**1. (Print) Student Information:**

Is this child a foster child (legal ward of the state?) If yes, provide personal use income and frequency.

Name	Grade	Name of School	(Circle)			Put "0" if the child has none.		
			Yes	/	No	\$	/	
			Yes	/	No	\$	/	
			Yes	/	No	\$	/	
			Yes	/	No	\$	/	

**2. Does your child currently receive free/reduced lunch?** Yes / No

**3. Household Members and Monthly Income:** \_\_\_\_\_

**4. For how many children are you seeking financial sponsorship:** \_\_\_\_\_

Name	Grade	Age	Gender		Registration fee only	Equipment only	Both Financial & Equipment
			Male	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Male	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Male	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Equipment is the property of MYL. It will be provided for the season and must be returned at the end of the season.*

**5. Please provide a brief summary as to why you are in need of financial assistance below:**

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X: \_\_\_\_\_  
Signature of Adult Household Member Date

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Athlete's Name: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Street/Apt. Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_