



CHAMPAIGN COUNTY LACROSSE MARIO MCNEILL SCHOLARSHIP PROGRAM
P.O. Box 8248, Champaign, IL 61826-8248

Champaign County Lacrosse (CCL) desires to see all children participate who are interested in the game of lacrosse. As such, the organization has set aside limited funds to provide partial or full scholarships to families who prove to have a financial need.

The scholarship program, named after Mario McNeill, a lacrosse player with a huge heart for the game and his fellow players, and who left us too soon in a 2014 tragic car accident, allows for CCL (with support from those that loved Mario and the game of lacrosse) to provide assistance in a profoundly caring way on a case-by-case basis until all monies designated for scholarships has been depleted.

If you would like to receive a partial or full scholarship for your child, you will need to do the following:

1. Supply proof of need to either the President or Vice President of CCL in writing, including:
 - a. Proof of income (financial aid, W2, etc.) or, if applicable,
 - b. Medical need (doctor's report, disability paperwork, etc.)

2. Provide three (3) hours of volunteer work *in addition to* the regular CCL obligation of five (5) volunteer hours of work, for a total of eight (8) hours. This must be arranged with the Volunteer Coordinator after acceptance of the scholarship. The additional volunteer hours will be required by any family receiving a scholarship unless medical conditions prohibit them from doing so.

3. If partial payment is able to be made, the additional volunteer hours will be prorated as such:
 - i. Partial payment of \$0 - \$80 = Three (3) additional hours of volunteer work
 - ii. Partial payment of \$81 - \$160 = Two (2) additional hours of volunteer work
 - iii. Partial payment of \$161-\$275 = One (1) additional hour of volunteer work

Note: Failure to show up for any assigned volunteer work may require payment of normal registration fees.

I have read and do hereby agree to the terms as set forth above.

I am requesting a scholarship in: Full _____ or Partial _____

(If partial scholarship is requested, I agree to pay \$_____ of the registration fees.)

Date: _____

Parent's Signature: _____

Parent's Name Printed: _____

Board Approval: _____ Date _____