



Beach Dogs Lacrosse Club Financial Aid Application

Please complete a separate form for each individual you are requesting financial aid for.

Player Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Amount requested \$ _____ Program you applying for:(camp, leagues) _____

Beach Dogs Lacrosse encourages every player to play but our programs are financed strictly through donations and registration fees. If you are able to pay a portion of the fees or make payments it will be appreciated. If you are granted financial aid we would request your son or daughter to help after camp in field clean up.

The following information is required to assist the BDL Financial Aid Committee in determining eligibility. *This information will be held in confidence, will not be disclosed to anyone except the BDL Financial Aid Committee, and will be used only for the purpose of determining eligibility.*

Family income last year: \$ _____ this year: \$ _____ # of Dependents _____

Are you participating in one of the following?

Free Lunch Program Reduced Lunch Program

Please explain any special circumstances (extraordinary expense, change in income etc.) which affect your ability to pay the league expenses.

- I would like to make payments \$ _____ X _____ months
- I would like a partial scholarship \$ _____ amount
- I would like a full scholarship

Number of High School Lacrosse players _____, number of Youth players _____ in household.

The above information is true and accurate:

Name (please print) _____ Date _____

Signature _____

Relationship to Player _____

Please enclose any other information you feel may help the Financial Aid Committee evaluate and make a decision on your behalf.

Mail to: BDLAX Lacrosse Club, 52 General Sullivan Cir, Portsmouth, RI 02871 or email info@beachdogslax.com