

# Norski Lacrosse Club Financial Assistance Application

The Norski Lacrosse Club has established a program through which parents/guardians can apply to receive financial assistance to help with payment of player's fees. Financial assistance is awarded based upon the financial needs of the applicant, availability of funds in the financial assistance program and approval by the Norski Lacrosse Board of Directors based upon its established criteria. The program is open to all registered players/parents or guardians who meet the financial criteria, and are able to provide the Lacrosse Club with a complete and accurate application and supporting documentation.

## Personal Information

Applicant's Full Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian (full name): \_\_\_\_\_

Day phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

The Norski Lacrosse Board of Directors has determined that eligibility for financial assistance will be based upon the eligibility and acceptance into the free or reduced price meals program in the player's school district.

My child receives:

- Free Lunch at his/her school \* OR
- Reduced Lunch at his/her school \* OR
- Financial Hardship \*\*

\* If your child receives FREE or REDUCED lunch, a letter from your school stating you are on the lunch program must be provided.

\*\* If your child is not on the free or reduced lunch program at their school and you are seeking a financial aid based on short term or extenuating financial hardship circumstances, please attach a written statement explaining the nature of the hardship and time frames.

In order to receive financial assistance, you must agree to the following. Please initial on each line.

\_\_\_\_\_ I will be asked and expected to volunteer for club activities, in addition to the minimum requirement of 4 hours per player.

\_\_\_\_\_ I agree to the financial commitment including but not limited to practices, tournaments, uniforms and travel expenses (if applicable).

I, the undersigned, hereby state all the above information to true and correct...

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed Application must be received before the registration deadline.**

1. Requests for financial assistance must come from a player's parent or legal guardian.
2. Eligibility is based upon the following criteria:
  - a. A player must have acceptance into his/her school's free or reduced lunch program
  - b. No financial information is required, providing the player's parents/guardians submit a copy of a letter that confirms acceptance into the free or reduced lunch program at the player's school.
3. Applicants will receive acceptance or denial by written notification from the Norski Lacrosse Club Board.
4. Acceptance into the Norski Lacrosse Club scholarship program does not guarantee full payment of a player's registration fees. The Lacrosse Club has established limited funds to assist players. Financial assistance amounts will be based on the number of applicants and available funds.
5. All Financial assistance requests will be held in strict confidence by the Norski Lacrosse Club Board.
6. Financial assistance recipients agree to the additional financial commitment of competitive traveling lacrosse (if applicable), including but not limited to practices, tournaments, uniforms, coaches fees and travel expenses.
7. All completed financial assistance applications should be mailed to the address below:

**Norski Lacrosse Club  
PO Box 232  
DeForest, WI 53532**