



## **Financial Scholarship Application**

The Last Chance Lacrosse Club passionately believes in “No Player Left Behind”. As part of that mantra LCLC recognizes that circumstances may arise where a family may have financial constraints. To help facilitate these requests, we must ask for certain information. All information will be held confidential.

Players Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Number of Dependents in Household \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### REASON FOR REQUEST

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- I certify that the above information is true and correct. I agree to provide proof of all information above upon request by the league.
- I agree to offer volunteer services with the league through working table, field prep work, or other opportunities that may arise within the LCLC.
- I agree that my child will work to find a minimum of \$300.00 in sponsorships for the club.

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

Please email completed forms to: [lastchancelacrosseclub@gmail.com](mailto:lastchancelacrosseclub@gmail.com)

Please allow a couple weeks for your request to be processed. Once the board has reviewed and made a decision, a club representative will contact you.