



FINANCIAL AID FORM

Canby Youth Lacrosse (CYL), in its continuing support of all children who have the desire and ability to play lacrosse, made a commitment to help, where appropriate, those who are financially disadvantaged. It is our goal to help your child increase their level of play and their love of the game of lacrosse. The ability to pay is not a condition of making a CYL team. All players are expected to participate in all activities such as practices, games and tournaments. Partial Scholarships up to 50% may be available. You will be required to volunteer time in exchange of your partial scholarship. If you feel that you may be eligible for financial assistance, please fill out this application in its entirety.

Instructions:

1. Complete the entire application below, including as much detail as possible. (Please note that only a limited amount of financial assistance may be available each year.) We do offer payment plans for the remaining balance.
2. Return with your financial aid application to canbylacregistr@gmail.com or mail to Canby Youth Lacrosse, PO Box 631, Canby, OR 97013. Email us if you plan on sending one to the PO Box so we know it is coming.
3. Please Return by February 15th.
4. The CYL Scholarship Committee will review each application, keeping all information confidential.
5. You will be notified of the approved amount of financial assistance as soon as possible.

Player Name _____

Current Grade _____

Address _____

City, Zip _____

Parent(s) Name _____

Phone _____

How much can you afford to pay? _____

What circumstances prompt this request?

Signature _____

Date _____

(OFFICE USE ONLY)

Approved amount of financial assistance \$ _____ Player Contribution to be \$ _____

Approval date _____ Team _____