

Lake Zurich Lacrosse Club
FINANCIAL AID APPLICATION

The Lake Zurich Lacrosse Club (LZLC) offers a limited amount of financial aid for youth lacrosse programs based on demonstrated need. The LZLC Executive Board reviews & approves all applications received from its website, and all application information is kept 100% confidential.

A separate application is required for each year. We encourage applicants to make a copy of your completed application & supporting documentation for your records and to assist you in submitting future applications.

LZLC shall have sole discretion on the awarding of financial aid. You will be notified by the close of registration if your application has been approved.

REQUIREMENT CHECKLIST FOR ELIGIBILITY

1. Commitment to attend a minimum of 80% of scheduled practices & games.
2. Application must be completed by a parent, guardian, or head of household, with all requested information provided. *Incomplete applications will not be considered.*
3. Applicant must submit most recent Federal tax return with application. All submissions shall be kept confidential and not otherwise disclosed.
4. **All applications are due 2 weeks prior to the start of the season for which aid is being requested.** The LZLC website (www.lzlacrosse.org) will specify official season start dates.
5. **Applicants MUST request financial aid prior to registering for the season.** Payment will not be required at this time. A place will be held on the player's team while the financial aid request is considered. Should a wait-list be in effect at the time of application, the player will be placed on the wait-list until enough registrations are completed to warrant the creation of another team.

FINANCIAL AID PRIORITY WILL BE GIVEN TO ELIGIBLE CHILDREN MEETING ONE OR MORE OF THE CRITERIA BELOW:

1. Prior participation in an LZLC lacrosse season.
2. Member of a multi-child family and/or living in a single parent home.

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Please complete the following information, one application per child:

Season/Year Request for Financial Aid: SEASON (Spring, Summer, etc.): _____ YEAR _____

Athlete's Name: _____ Age: _____ Birth date: _____

Street City State Zip

School Athlete Attends: _____ Grade: _____

Athlete lives with: Both Parents Mother Father Other

Names of other sibling(s), if any: _____

Amount of scholarship requested: Full \$ _____ Partial \$ _____

PARENT / GUARDIAN INFORMATION:

Total Household Annual Income: \$ _____ Currently employed? (Circle) Yes No

Father/Guardian Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Mother's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Has the athlete ever received LZLC Financial Aid? Yes No; If Yes, Year _____ Season _____

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes the LZLC to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct and that **I will comply with each of the "Requirement Checklist for Eligibility" items listed on the Application Instructions.**

Parent/Guardian Signature Date

OFFICE/COMMITTEE USE ONLY

APPLICATION RECEIVED BY LZLC: _____ REGISTRATION END DATE: _____

LZLC EXEC BD APPROVAL: \$ _____
Award Amt Executive Board Member Signature Date