

Financial Assistance Application

Must be submitted by (by date) the season applying for (Use separate application for each child in family)

Player Name _____ **Level** _____

Player Address _____

Home Phone _____

Parent/Guardian Information:

Mother' Name and Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail Address _____

Father's Name and Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail Address _____

Have you received financial assistance from STMALAXA in previous years?
_____ If so,

when? _____

Do you have a \$0.00 balance due with STMALAXA? _____

Type of financial assistance requested:

___ Payment Plan ___ Partial Assistance

Do you qualify for AFDC, School Lunch, or Food Stamps? _____

If yes, which ones? _____

Did your child participate in off-season Lacrosse programs? _____

If, yes, which ones? _____

How many players in STMALAXA association: _____

Explain why Assistance is Needed: (Use back of form, if necessary)

I verify that all of the information listed above is accurate.

Signature _____