

# NOVATO LACROSSE

## PLAYER ASSISTANCE PROGRAM

### APPLICATION FOR REGISTRATION FEE ASSISTANCE

League Year: 2010

To apply for financial assistance in the form of credit applied toward Novato Lacrosse Club (NLC) player registration fees, you must complete this application, sign your name, and submit the application with all supporting documentation to NLC. **There are limited funds available for player assistance. Even if you qualify for financial assistance, you may not receive all or any assistance. Financial assistance is discretionary and NLC reserves the right to award no financial assistance and to terminate this program at any time. All submitted information will kept confidential and will be used solely for this application.**

#### 1. PLAYER INFORMATION (Please PRINT)

Players Name (Last, First)	Date of Birth	School	U-9/U-11/U-13/U-15		
			Age Group	Boys/ Girls	

**2. FOSTER CHILD:** List the players monthly *personal use* income. Write 0 if the child has no *personal use* income \$ \_\_\_\_\_

#### 3. HOUSEHOLD ASSISTANCE: Check all that apply. Include documentation with application

<input type="checkbox"/> Food Stamps # _____	<input type="checkbox"/> TANF # _____	<b>School Lunch Program</b>	
		<input type="checkbox"/> Free	<input type="checkbox"/> Reduced

#### 4. HOUSEHOLD INFORMATION, MEMBERS, & MONTHLY INCOME:

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Household Members (include the players listed above)	Gross <u>MONTHLY</u> Earnings		<u>MONTHLY</u> alimony, welfare payments, child support,	<u>MONTHLY</u> alimony, welfare payments, child support,	<u>MONTHLY</u> alimony, welfare payments, child support,
	Job 1	Job 2			
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

**5. SIGNATURE:** I certify that I am the parent/guardian of the players for whom applications are being made, and that all of the above information is true and correct, and that all income is reported. I understand that this information is being given for the receipt of financial credit towards the applicable team fees of the players for which application is being made. I further understand that Novato Lacrosse Club, its agents and representatives may review and verify the information on the application and documentation furnished. The deliberate misrepresentation of the information may subject me to prosecution under applicable federal and state laws. **I understand that even if I/we qualify, I/we may not receive any financial credit or assistance. I/we authorize NLC to release this application, supporting documentation and the results of review and verification, if any, to the team manager of my child's/children's team(s).**

X \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent/Guardian Household Member

Household Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

**6. SUMMARY:** Please describe for us son/daughter's interest in playing lacrosse, how long they have played, and why it is important to them. Please describe your reason for applying for a scholarship, including your employment status.

**Please submit your application in one of the following ways:**

- Mail your completed application to

Novato Lacrosse Club  
926A Diablo Avenue  
Novato, CA 94945

- Fax to 415.785.2026 (private fax)
- E-mail your completed application to [president@novatolacrosse.org](mailto:president@novatolacrosse.org)

## - APPLICATION INSTRUCTIONS

To apply for financial assistance in the form of credit applied toward Novato Lacrosse Club registration fees you must complete the application, using the instructions for your household. Sign the application and submit it with all supporting documentation to an authorized NLC representative within thirty (30) days of the first team practice or tryout date for the players for whom application is being made.

### **PART 1 - PLAYER INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART**

- 1) Print the name (full last name and first name) and birth date for each player for whom application is being made.
  - 2) List the school currently being attended by each player for whom application is being made.
  - 3) List the Age Group (i.e. U-12) and Gender (boys or girls) that the player was registered to play on in the prior season.
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### **PART 2 - HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 5.** (A foster child is the legal responsibility of a welfare agency or court)

- 1) List the foster child's monthly *personal use* income. Write *zero* if the foster child does not get *personal use* income. **SKIP PARTS 3 & 4.** Do **NOT** list any other children, household members or income.
- 2) A foster parent or other official representing the child must sign the application in PART 5.

Personal use income is: (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time job(s).

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### **PART 3 - HOUSEHOLD ASSISTANCE: ALL HOUSEHOLDS COMPLETE THIS PART IF APPLICABLE**

- 1) List all assistance currently being received. Record case number when applicable.
  - 2) List the Age Group (i.e. U-12) and Gender (boys or girls) that the player was registered to play on in the prior season.
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### **PART 4 - HOUSEHOLD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART**

- 1) Print the name (full last name and first name) and birth date for each player for whom application is being requested.
  - 2) List the school currently being attended for each child.
  - 3) List the Age Group (i.e. U-12) and Gender (boys or girls) that the player was registered to play on in the prior season.
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### **PART 5 - SIGNATURE: ALL HOUSEHOLDS COMPLETE THIS PART**

- 1) All applications must have a signature of a custodial parent or legal guardian that resides with the child.
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### **PART 6 - SUMMARY: ALL HOUSEHOLDS COMPLETE THIS PART**

- 1) Please tell us a little about your children, why they are interested in soccer, and a bit about your financial status.
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## **INCOME TO REPORT**

#### ***Earnings from Work***

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned business

#### ***Pensions/Retirement/Social Security***

Pensions  
Supplemental Security Income (SSI)  
Retirement income  
Veteran's payments (benefits)  
Social security

#### ***Welfare/Child Support***

Public assistance payments  
Welfare payments  
Alimony/child support payments

#### ***Other Monthly Income/Self-Employment***

Disability benefits  
Interest/dividends  
Income from estates/trusts/investments  
Regular contributions from persons not living in the house  
Net royalties/annuities/net rental income  
Military allowance for off-base housing  
Any other income