

Props Lacrosse



CONFIDENTIAL FINANCIAL GRANT APPLICATION

Props Lacrosse Financial Grant program is for those who cannot participate in lacrosse without financial assistance. Please have every confidence that Props Financial Grant committee will keep your application strictly confidential and will base its decisions on merit and availability of club funds. Decisions will be communicated within 14 days. One application is needed for each child applying.

Prior to registering, please complete an electronic version of this form and attach to an email that you send to mtfrech@msn.com. Alternatively, you can print the completed form and mail to Props Lacrosse Association PO Box 99493, Seattle, WA 98139. If mailing, we strongly suggest that you send an email to our club Treasurer, Michele Frech, (mtfrech@msn.com) letting her know to expect your mailed form.

Athlete's Last Name

Athlete's First Name

Parent's Preferred Email

Preferred Phone (206) xxx-xxxx

Select Athlete's Age Division

Academy

U11 • 3/4 grade

U13 • 5/6 grade

U15 • 7/8 grade

If Applicable, select all gear that the Athlete would like to borrow, if Props has available to lend

Stick

Gloves

Shoulder Pads

Arm Pads

A **Registration Fee**

If seeking grant for registration fees, insert amount for athlete's age division

B **Helmet**

If seeking reimbursement for purchase of NOCSAE approved lacrosse helmet, insert the amount family paid to purchase the helmet (mail or email scanned copy of invoice to be approved for this)

C **US Lacrosse Membership**

If seeking grant to reimburse athlete's family for active US Lacrosse membership, insert \$30 (all athletes are required to have an active US Lacrosse membership for all months they play lacrosse)

D **Amount Athlete's Family will contribute**

If athlete's family can afford to pay anything at all for lacrosse, insert the amount. (Prop's grant committee likes to see amount here, even if it is only \$1).

\$0

Total Requested Financial Grant (Add rows A + B + C and subtract row D)

Please initial for each, below that you agree with the statement

I promise that no other funding (parent, grandparent, etc) is available to help us pay more than indicated in Line E

I understand that funds are limited and no one is entitled to nor guaranteed a financial grant.

I understand that my child's registration is not complete until I receive a confirmation email saying so

I understand that Props is a volunteer-run non-profit organization and I will contribute more than my share of time to help make Props a better organization

I certify that the above information is complete and accurate.

Parent / Guardian Name first and last

Date Form Completed mm/dd/yy