

CHATFIELD GIRLS LACROSSE NEEDS BASED SCHOLARSHIP FUND APPLICATION FORM

Athlete's Name:	Age:	Birth date:
Address:		
Street	City	State Zip Code
High School Attending:		Grade:
Counselor's Name:		School Phone:
Athlete lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		
Amount of Scholarship requested:		Full \$ Partial \$
PARENT / GUARDIAN INFORMATION:		
Total Household Annual Income: \$		
Number of dependent children in your household during the last tax year:		
Father/Guardian Name:		Occupation:
Employer Name:		Employer Address:
Home Phone:	Work Phone:	E-mail Address:
Father/Guardian Monthly Income (including alimony/child support) : \$		
Mother/Guardian Monthly Income (including alimony/child support) : \$		
Mother/Guardian Name:		Occupation:
Employer Name:		Employer Address:
Home Phone:	Work Phone:	E-mail Address:
Do you currently receive state or federal financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?		
If you receive state or federal financial assistance, is this your sole source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this athlete play any other high school sports, and if so, which sports?		
Do you also request additional assistance for basic equipment required for this sport for this season? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain equipment needs:		
Has this athlete ever received scholarships in previous years for lacrosse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Year(s): Total Amount: \$		
Has this athlete ever received scholarships in previous years for a sport other than lacrosse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Which sport(s): Year(s): Total Amount: \$		
Please indicate supporting documentation being provided: <input type="checkbox"/> Proof of receipt of state or federal financial assistance. <input type="checkbox"/> Letter from school, social workers, youth community center workers, or other social services representatives. <input type="checkbox"/> Written Personal Statement of Immediate Financial Hardship. <input type="checkbox"/> Other (explain in detail):		

Please note incomplete applications will be DENIED.

CONSENT TO RELEASE INFORMATION AND ACKNOWLEDGEMENT

I understand that my signature authorizes the Chatfield Girls Lacrosse Booster Club Board 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. I acknowledge that my athlete's head coach may be made aware that a scholarship has been awarded.

Parent/Guardian Signature _____ Date _____

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OVERVIEW

Chatfield Girls Lacrosse Booster Club (CGLBC) provides full and/or partial registration fee scholarships to players, who without this financial assistance would not be able to participate in the Chatfield Senior High School Girls Lacrosse program. This assistance is provided through the CGLBC's scholarship fund. In certain cases, the scholarship may also assist in providing basic equipment needed to participate in lacrosse, as available through the CGLBC equipment loan program. All equipment loaned to a player is her responsibility to assure it is kept in good working order/repair throughout the season, and then returned to CGLBC at the end of the season.

CGLBC is a 501(c)(3) non-profit organization with limited funding available for scholarship athletes each season, however, CGLBC shall use its best efforts to provide assistance to all qualified applicants. No guarantee of assistance is implied in this application. If the number of applications submitted and approved exceeds the amount available, the scholarships shall be awarded by a lottery system.

ELIGIBILITY

Requirements for eligibility:

- Athlete must be an enrolled Chatfield Senior High School student or student at another Jefferson county high school with eligibility to play lacrosse at Chatfield.
- Parents/Guardians commit that the athlete will attend a minimum of **95%** of all scheduled practices and games.
- Parents/Guardians agree, upon reasonable notice, to **volunteer for CGLBC needs**. The volunteer hours can be completed at any time during the school year but must be completed no later than the end of season the recipient played.
- Parents/Guardians agree to commit to participating in the various fund raising opportunities made available throughout the year by the CGLBC.
- The maximum amount awarded per recipient is **full amount of player dues for in season play** per school year.
- Parents/Guardians agree to use King Soopers card fundraiser to assist with player and CGLBC fees.

QUALIFICATIONS

The more information that is provided to the CGLBC Board of Directors (the Board), the better able the Board will be to determine qualifications. Consideration will be given to eligible families meeting one or more of the following criteria:

- Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. *(Please provide written documentation of participation in these programs)*
- Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives.
- Written statement of an immediate financial hardship. CGLBC recognizes that while a family may not be receiving formal financial aid, etc., circumstances may still exist which render a student financially unable to participate. In these instances, the Board shall consider this written statement of immediate financial hardship. *(Please provide any supporting documentation which may substantiate facts in your written statement.)*
- Applicant must, as part of the complete application process, read and sign the Terms and Conditions statement.
- Incomplete applications will automatically be **denied**.
- CGLBC does not discriminate on the basis of race, color, national origin, or religion when considering applications for this scholarship.

PROCEDURE

- Scholarship requests must be submitted to the Board no later than the end of the February Mandatory Player/Parent Meeting.
- The application must be completed by a parent, guardian, or head of household, with all requested information and documentation provided.
- **Incomplete, undocumented, or late applications will be denied.**
- The Board will consider all complete applications received by the application deadline.
- The amount of the scholarship awarded (if any) may be a partial or full scholarship depending on the number of applicants, and amount of scholarship funds available.

Approval of a registration scholarship does not register the athlete in the lacrosse program. Once approved the athlete must then register online or in person for the upcoming Chatfield lacrosse season for the scholarship amount to be awarded. Any remaining registration fees not covered by the scholarship amount will be the responsibility of the athlete's parent/guardian on or before the try out date. This scholarship is only for Booster Club fees and does not cover any part of the Jefferson County Athletic Fee that is paid directly to the school.

Parent/Guardian Initials _____ Date _____

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"I", "me" and "my" refers to the adult scholarship applicant.

1. By signing this form, I certify that the information provided in the accompanying Scholarship request is true and correct to the best of my knowledge, and I agree to be bound by the responsibilities required of me.
2. I understand that neither the Chatfield Girls Lacrosse Program (program) nor the Chatfield Girls Lacrosse Booster Club (CGLBC) or any of its representatives, through awarding of a scholarship, shall be liable for any damage or injury occurring during participation in the sport of lacrosse.
3. I understand that each scholarship recipient is responsible for transportation to and from practices and games unless otherwise notified that transportation to a game is being provided through the program. If transportation to a game is provided, I understand that I am responsible for transportation to and from the designated departure and arrival location.
4. I understand that I am responsible for any and all equipment and apparel required for my athlete's participation as required by the program.
5. I understand that scholarships will not be paid to the individual recipient, nor will any money be refundable to the individual.
6. I understand that if any statements submitted are later determined to be inaccurate, CGLBC may immediately terminate my athlete's privilege to benefit from this program, and in the case of an intentionally false or misleading statement, I will repay to CGLBC the full value of any scholarship awarded.
7. I understand that if a scholarship is awarded to my athlete for a season and my athlete quits playing the sport, absent a verifiable medical condition or a waiver from the head coach, or my athlete fails to attend 95% of all practices and games, then my athlete will be ineligible to receive another scholarship in the following season.
8. I understand that if a scholarship is awarded to my athlete for a season, I will be required to volunteer for CGLBC volunteer needs. Failure to satisfy this condition will **disqualify** my athlete and my immediate family from being considered for another scholarship for **18** months.
9. I understand that each scholarship application will be considered on a case-by-case basis by members of the Board.
10. The application is considered private and will not be shared with anyone other than those representatives.

Printed Name of Adult Applicant

Signature

Name of Scholarship Athlete

Date