

CREEKS YOUTH LACROSSE

FINANCIAL AID & REGISTRATION SCHOLARSHIP APPLICATION

Spring 2027 Season | Confidential Submission

Policy & Purpose: Creeks Youth Lacrosse is committed to ensuring that every eligible child has the opportunity to participate in youth lacrosse regardless of financial circumstance. Scholarships are awarded based on demonstrated need and program funds availability. All applications are reviewed confidentially by the Executive Board.

I. Player Information

Player Full Legal Name:	Date of Birth & Age:
Gender & Grade (2026–2027): ☐ Male Grade: _____	School Attending:
Division Registering For: ☐ 6U (\$200) ☐ 8U (\$275) ☐ 10U (\$275) ☐ 12U (\$275) ☐ 14U (\$275) ☐ Goalie (Position-specific)	Lacrosse Experience: ☐ New to Lacrosse ☐ Returning Creeks Player (Years: ____) Has sibling(s) in CYL? ☐ Yes ☐ No (Names: _____)

II. Parent / Guardian Contact Information

Primary Parent/Guardian Name:	Relationship to Player:
Primary Phone: Email Address:	Home Street Address: City, State, Zip:

III. Assistance Requested & Qualifying Information

Level of Registration Assistance Requested:

- ☐ Full Registration Scholarship (100% of registration fee)
☐ Partial Registration Scholarship — Amount family can contribute: \$ _____
☐ Equipment / Kit Loaner Request (Helmets, sticks, pads subject to equipment fleet inventory)

***Important Note regarding 8U–14U Uniform Kits:** Per Board Policy adopted 10/14/2026, standard game uniforms (reversible sublimated pinnie, shorts, shooter shirt) are ordered separately by families through the direct team store. If assistance is also required for player uniform kits, please indicate below.

Basis of Need / Qualifying Program (Check all that apply & attach documentation if applicable):

- ☐ Free or Reduced School Lunch Program (National School Lunch Program)
☐ Supplemental Nutrition Assistance Program (SNAP) / TANF / Medicaid
☐ Temporary Family Hardship (Unemployment, medical illness, unexpected emergency)
☐ Multi-child household financial hardship

Brief Statement of Need / Circumstances (Optional but recommended):

IV. Family Commitment & Acknowledgements

Creeks Youth Lacrosse is an all-volunteer community non-profit organization. Families receiving scholarship grants are expected to actively support club operations. Please check at least one volunteer area where you are willing to assist:

- ☐ Team Parent / Communications ☐ Field Setup / Breakdown
☐ Special Events / Jamboree
☐ Assistant Coaching / Sideline Crew ☐ Sponsor / Marketing Support

Applicant Agreement: I certify that all statements and information provided on this application are true and accurate. I understand that scholarship approval is subject to available CYL budget allocations, player attendance/sportsmanship standards, and completion of required volunteer commitments.

Parent/Guardian Signature: _____ **Parent/Guardian Printed Name:** _____
Date: _____ **Phone:** _____

V. Executive Board Action (Official CYL Use Only)

Date Received: ____ / ____ / ____	Board Determination: ☐ Approved Full ☐ Approved Partial ☐ Waitlisted ☐ Denied	Aid Amount Granted: Registration: \$ _____ Uniform Code: \$ _____
Authorized Signature: _____	Board Title (Pres / Sec / Reg): _____	TeamSnap Code Issued: ☐ Sent to Parent Date: _____