

# Mukilteo Knights Lacrosse Financial Aid Application

**This program is designed for families who cannot participate without Financial assistance. Funds are limited. Please apply only if your child could not participate without this funding.**

Please Print

Player Name: \_\_\_\_\_ Player Age/Grade: (Circle one)  
Home Phone #: \_\_\_\_\_ 1/2 3/4 5/6 7/8 HS  
Player Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**Does your family qualify for free/reduced meals at school? (Check one box)**

- Reduced (generally qualifies for partial scholarship)  
 Free (generally qualifies for maximum scholarship)  
 No, but there are extenuating circumstances and financial assistance is needed  
(Explain on back). Registration fee to be determined by Financial Aid committee based on financial need and funds available.

**Does player have another source of funding to consider for Lacrosse fees (e.g. another parent, grandparent, etc)?**  Yes, no scholarship is needed.  No, other funding is not available.

**Please read the statements below and initial each line certifying that you have read and understand the conditions.**

- \_\_\_ I wish to apply for Mukilteo Knights Lacrosse Financial Aid.  
\_\_\_ I understand that this scholarship is for registration fees only. I will be required to pay additional fees including US Lacrosse membership, equipment, incidental costs, tournament fees, etc. (Rental Equipment may be available).  
\_\_\_ I understand that funds are limited and no one is entitled to a scholarship. Funds will be distributed among applicants who apply and qualify on or before Registration Day. Later applicants may be awarded scholarships subject to funds available.  
\_\_\_ I understand that registration is not complete until this request is processed and aid is granted. (If scholarship requested is not granted you will be contacted with further options.)  
\_\_\_ I will assure that my child consistently attends practices, games and team activities. I will provide the support needed to allow him/her to be a productive member of the team and the Mukilteo Knights Lacrosse Club.  
\_\_\_ I understand that Mukilteo Knights Lacrosse is a Volunteer run, Not-for-Profit Youth Organization and that every family must volunteer to support the clubs programs. I will complete my volunteer assignment and assist in any way that I can. (Please see Parent Volunteer Form for detail).

**I certify that the above information is true. I have read, understood, and commit to the statements above.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian (print name) \_\_\_\_\_

**Please fold and provide to the registrar with your estimated registration payment.  
Financial Aid funds are limited and not guaranteed.  
Decisions will be communicated within 14 days.**

Mukilteo Lacrosse Club  
P.O. Box 383  
Mukilteo, WA 98275-0383