

## Warren Area Youth Lacrosse Association 2025 - Scholarship & Financial Assistance Program

### **Purpose of the Financial Assistance Program**

Warren Area Youth Lacrosse Association (WALA) provides financial assistance to those who are interested in enrolling in the WALA program but are unable to do so due to financial hardships. Based on availability of funds, WALA will attempt to help those who qualify based on the eligibility requirements. WALA reserves the right to approve assistance or deny an applicant's request.

### **Qualifications and Limitations for Financial Assistance**

It should be known that there are other costs associated with this program in addition to the registration fees. Examples are the travel to and from away games, parents may take turns providing food and drinks on game days, some teams may also choose to participate in end of the year parties. These extra items are the responsibility of the player and their family.

At a minimum, \$75 is due before the athlete will be allowed to participate in a game. In addition, individuals receiving financial assistance will be **REQUIRED** to participate in fundraising activities and be willing to volunteer time to the support of the program.

Delinquency on participant's portion of the payment or fundraising responsibilities may result in rejection of participant's membership.

***All registration policies and procedures apply to financial assistance applicants. Financial assistance will be awarded following the March board meeting. Recipients will be contacted one week before registration deadline. Financial assistance will be based upon need as well as availability of funds. WALA reserves the right to approve funding or deny an applicant's request.***

***Additionally, the WALA Board requires a confidentiality agreement from any scholarship recipient.***

Other factors such as current participation in public aid, food stamp program, subsidized housing, excessive medical bills, etc. will also be considered in determining eligibility.

### **Application Process**

1. Complete the Financial Assistance Application by providing one of the following documentation requirements:
  - a. Documentation of your taxable income. Please redact social security numbers.
  - b. Two recent pay stubs for all employed household members
  - c. Public aid/assistance, such as, but not limited to, food stamp or subsidized housing identification number(s)
2. The application must be completed and submitted via one of the following:
  - a. WALA P.O. Box:
    - i. P.O. Box #188 1862 E Belvidere Rd, Grayslake IL 60030
  - b. Directly handing documentation to a WALA board member
  - c. Electronic copy to email: [warrenlaxcommunication@gmail.com](mailto:warrenlaxcommunication@gmail.com)
    - i. Please redact so that social security numbers are blacked out.
3. Application is due no later than March 9<sup>th</sup>, 2025.

## WALA SCHOLARSHIP / FINANCIAL APPLICATION

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent / Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of individuals living in household: \_\_\_\_\_

Number of individuals living in the household who are employed: \_\_\_\_\_

Monthly employment income for household: \_\_\_\_\_

Do you receive Public Aid (Y/N)\_\_\_ if yes, provide Aid # \_\_\_\_\_

Do you receive Food Stamps (Y/N)\_\_\_ if yes, provide Case # \_\_\_\_\_

Participant of Federal School Lunch Program (Y/N)\_\_\_

if yes, provide School: \_\_\_\_\_ Subsidized Housing (Y/N) \_\_\_

**Co-pay of \$75 will be due upon approval of Assistance**

**Please explain any other financial difficulties (extensive medical bills, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand this application is confidential and not public record. I also understand this application will be evaluated to determine qualification for financial assistance. I will make WALA aware of any financial changes that differ from information provided above. All information provided is accurate and verifiable.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Date App Received \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Percentage Awarded \_\_\_\_\_

Date Notification Given to Applicant \_\_\_\_\_ Co-Pay Received: \_\_\_\_\_