



Complete and email or mail the form by 2/28/2023 to:

Saco Bay Lacrosse Attn: Treasurer

PO Box 1294

Saco, ME 04072

Email: sacobaylacrosse@gmail.com

The application must be completed in full. If your financial situation changes from the time of application, please notify Saco Bay Trojans Lacrosse Association Board Treasurer immediately.

Player's Full Name: _____

Grade: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Parent/Guardian #1 Full Name: _____

Cell Phone: (____) _____-_____

Mailing Address: ☐ Same as player

City: _____

State: _____ Zip Code: _____

Email: _____

Parent/Guardian #2 Full Name: _____

Cell Phone: (____) _____-_____

Mailing Address: ☐ Same as player

City: _____

State: _____ Zip Code: _____

Email: _____

Please explain the circumstances surrounding your request for financial assistance this season in as much detail as possible:

Parent/Player Volunteer Participation: As part of our tuition scholarship and financial assistance program, we request that the parents and player(s) volunteer when available throughout the season. Please check off areas where you would be willing to volunteer:

- ☐ Concessions ☐ Special Projects ☐ Field Preparation ☐ Coaching
☐ Team Admin. ☐ Clerical Assistance ☐ Other: _____

How many hours do you feel you can donate? _____

The information contained in this application will be considered confidential, to be reviewed only by those on the Saco Bay Trojans Lacrosse Association Board of Directors Committee for Financial Assistance(President, VP, CPA and Treasurer).

I (We) certify that the above information is accurate to the best of my (our) knowledge.

Parent/Guardian #1 Signature:

_____ Date: ____ / ____ / ____

Parent/Guardian #2 Signature:

_____ Date: ____ / ____ / ____

Please Print and Email

Date of Review by the SBL Board of Directors Committee for Financial Assistance:

____ / ____ / ____

Board Determination:

SBL President Name (Printed):

SBL President Signature:

Date: ____ / ____ / ____

SBL VP Name (Printed):

SBL VP Signature:

Date: ____ / ____ / ____

SBL Treasurer Name (Printed):

SBL Treasurer Signature:

Date: ____ / ____ / ____

For Official Use Only Application Number
