

**Austin Youth Lacrosse / OHMS**

**Girls’ Lacrosse Team**

Request for financial assistance

**All information will be kept confidential**

The AYL / OHMS Girls’ Lacrosse Team is a member of the Capital Area Youth Girls Lacrosse League (CAPLAX). In Texas, lacrosse is not a University Interscholastic League (UIL) sport, which means that our team does not receive any funding from the school (OHMS) or the school district (AISD).

Our team must rely on program dues, donations and fundraisers to cover all operating costs -- including uniforms, coaching salaries, tournament fees, field rentals, referee fees, etc.

Our team seeks to balance the need to meet the costs of providing a quality program, with our desire to provide opportunities to athletes for whom the full program fee is prohibitive. Financial assistance awards are made on a first-come, first-served basis, and are subject to available resources and a joint decision by the President and Treasurer of the Austin High Girls’ Lacrosse Booster Club, which oversees and administers the AYL / OHMS Girls’ Lacrosse Team.

Dues for the 2022 Spring Season are **$350**

If you choose to submit an application for financial assistance, please consider a request for “partial” assistance, if at all possible – this allows the team to stretch its available assistance across multiple households.

**Please note**: All players and their families are expected to participate in AYL / OHMS Girls’ Lacrosse Team fundraising activities, and to participate in volunteer opportunities, regardless of scholarship status.

This packet must be filled out completely and returned to ***allisonthierry7@gmail.com*** no later than Sunday, February 20, 2022.

**I. PLAYER INFORMATION**

Player Name:

Player Address:

City: State: Zip:

Cell Phone: Email:

**1st PARENT INFORMATION**

Parent Name:

Parent Address:

City: State: Zip:

Cell Phone: Email:

**2nd PARENT INFORMATION**

Parent Name:

Parent Address:

City: State: Zip:

Cell Phone: Email:

**III. FINANCIAL INFORMATION**

Is your participant approved for the AISD Free or Reduced Meal Program? YES NO

*If yes, please skip to part v.*

Household Annual Income if both parents live with participant:

if both parents do not live with Participant:

Household Annual Income (est.) for 1st parent:

Household Annual Income (est.) for 2nd parent:

Amount parents together can pay towards this program:

Other services and benefits parents can provide to the program in lieu of payment:

**IV. STATEMENT OF NEED**

Please take a moment to provide any additional information we should be aware of when considering this request.

V. **Agreement of Participant.** By submitting this Application, Parent(s) acknowledge the player conduct rules and responsibilities that govern their Player’s eligibility. To the best of Parent(s) knowledge, their Player intends to participate in the AYL / OHMS Girls Lacrosse Team program for the full Spring 2022 season (unless an illness, injury, move, or other unavoidable factor prevents her from doing so). Parent(s) also agree to participate, and to support their Player’s participation, in fundraising activities to the benefit of the program.

1st parent Signature: Date:

2nd parent Signature: Date:

Please return completed form by February 20, 2022, to:

**allisonthierry7@gmail.com**