

Minnetonka Lacrosse Association (MLA) Youth Financial Aid Application

Player Name _____

Age level _____ School _____

Player Address _____

Parent/Guardian name:

Father Name: _____

Email: _____

Cell phone: _____

Mother Name: _____

Email: _____

Cell Phone: _____

It is MLA policy to give scholarship preference to any families that are currently receiving public assistance such as school lunch subsidies.

Have you applied and been approved for the Free and Reduced-Price School Meals program from the Minnesota Department of Education for the current school year? Yes ____ No ____

Explanation of why assistance is needed. Provide as much information as necessary.

Information submitted on this form is strictly confidential. Please submit via email to:

president@mtka.org