



GOLD COUNTRY LACROSSE, Inc.

101 W. McKnight Way | Ste. B, PMB #282 | Grass Valley, CA 95945 | www.GCStampede.com

GCL Scholarship Application - General Information

- Gold Country Lacrosse ("Club") Scholarship Program is designed to help those in financial need. Financial assistance recipients are required to reapply every year. Applicants must be in good standing with the Club for consideration. This application is not a guarantee of financial assistance. All applications will be reviewed by a selection committee and financial assistance will be provided based on need and availability. The Club considers applications in the order in which they are deemed complete. Because the Club only allocates a specific amount of funds for grants, applicants should apply as soon as possible but not later than the last day of registration.
- Applicants will be required to pay any amount towards Club dues over and above any financial assistance the Club may award. Half of registration fees is the standard awarded scholarship amount for qualifying requests. More may be awarded based on need and under special circumstances as decided by the Club. Should an applicant's circumstances improve at any point during the season, the applicant is required to notify the Club.
- You agree to pay all Club dues until your application is approved as well as pay dues not covered by the grant. If and to the extent approved, the amount of financial assistance will be credited to the player's account and dues will be modified as needed to reflect the credit. Failure to keep your player's account in good standing will result in the suspension of player privileges until your financial obligation is brought current.
- Applications must be completed in full. Indicate with "N/A" if any information requested does not apply to you or your player. To be considered qualified, all applicants will be required to submit one of the following:
 - (1) Your most recent PG&E bill showing enrollment in PG&E's CARE or FERA programs; or
 - (2) Evidence of enrollment in the free/reduced lunch program for the current school year.
- Families not eligible for free/reduced lunch programs or PG&E CARE/FERA programs, but experiencing special financial circumstances, may appeal for scholarship assistance.
- A separate request form is required for each player. Submitting an incomplete application may result in a denial of financial assistance.
- The Club funds financial assistance from proceeds of Club fundraisers. Therefore, all grant recipients' families are required to volunteer at least three (3) hours per grant recipient to assist with our fundraising events and activities as assigned. Failure to complete volunteer hours will result in disqualification from financial assistance in future years.

**Completed applications are to be submitted by e-mail to our club Registrar at
registration@gcstampede.com**



GCL Scholarship Application

Player Information

Player's Name: _____

DOB: _____ Gender: _____

Team/Age Group: _____

Parent/Guardian Information

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

General Information

Free/Reduced Lunch: Y____ N____ PG&E CARE/FERA: Y____ N____ Has this player received financial assistance from GCL in the past? _____

Please list name and team of all Gold Country Lacrosse players in your household:

Please explain why you are requesting financial assistance: _____

Request for: Standard ½ Scholarship _____ Other amount: \$_____

(You will be notified of approval amount upon completion of application processing)

Don't forget to include proof of enrollment in a qualifying program (e.g., PG&E CARE or FERA enrollment or free or reduced lunch program), sign the Scholarship Application Agreement on the next page, and complete the request form above.



GCL Scholarship Application Agreement

I hereby certify that all of the information I have provided in this application is true and correct. I understand that false statements on this application shall be considered sufficient cause for disqualification from financial assistance. I understand that this information is being provided as a method to assist Gold Country Lacrosse ("Club") in determining the level of financial assistance awarded toward Club fees for the 2023–2024 season.

I hereby commit to providing at least three (3) hours of volunteer time to the Club. Hours can be provided at fundraising events and Club activities as assigned. I understand that monies awarded through this application process will be used to cover Club registration fees/dues only and cannot be relied upon to cover any supplemental expenses, such as travel expenses, USA Lacrosse Membership, gear, uniforms, etc.

I authorize Club representatives to discuss this application and my individual and/or household information that may relate to my application for financial assistance in an effort to decide what financial assistance may be granted and/or track payments against an established payment plan. I hereby release, waive, discharge and covenant not to sue the Club, its officers, agents, employees, and volunteers from all liability, loss, damage, or claim arising out of (i) the unauthorized use of documents provided to the Club to demonstrate a basis for financial assistance and (ii) my participation or that on my family in any Club activities to fulfill the volunteer hour requirement for financial assistance.

I understand that I will be contacted regarding my application and that any assistance provided will be considered a partial grant over and above the registration fees paid at the time this application is submitted. Any remaining balance owed toward the Club dues will be paid in a timely manner or per agreed monthly payment amounts. I understand that failure to honor my commitment(s), including but not limited to providing three (3) volunteer hours per individual grant recipient, will result in my player's privileges being suspended and denial of continued financial aid in current and/or future seasons until brought current.

I understand that I may be asked to provide supporting documentation, such as payroll stubs, tax returns, Public Assistance documentation, child support and/or alimony receipts as part of the review process.

Signature of Parent/Guardian: _____ Date: _____

Club Use Only

____ Granted In the amount: _____

____ Denied _____

By: _____ Date: _____