



Lake Grove Newfield SC Hardship Application

LGN is committed to ensuring that children seeking to play soccer will not be prevented from doing so by a financial hardship. Our club does not want to turn away any player because his/her family lacks the financial means to play. Within certain limits of our club, we are able to provide financial assistance for registration to those who qualify.

During the player registration period, the parent or player should fill out this form and turn it in to a trainer or send it to:

Treasurer of Lake Grove Newfield SC, PO BOX 152, Ronkonkoma, NY 11779.

Fall Season: The form must be received by August 1st or else it will be deemed invalid. Decisions will be made by August 15th.

Spring Season: The form must be received by November 1st or else it will be deemed invalid. Decisions will be made by November 15th.

Volunteer Expectations

LGN is run 100% by volunteer effort. The requirement for this application is you or your child (age 14 or older) will be VOLUNTEERING during the soccer season for a minimum of 8 hours. This may be as a coach, concessions, fundraising, field maintenance, etc. Failure to volunteer may result in forfeiture of this assistance.

Date: _____

Request for:

Fall

Spring

Player's age group this season: U_____

(please use separate form for each applicant):

Child's Name: _____

Child's Birthdate: _____

Child's Address: _____ City _____

Adult Completing Form: _____

Relationship to Child: _____

Home Phone: _____

Alternate Phone: _____

Email

Address: _____

Name & Age of Child(ren):

1. _____ Relationship: _____ Age: _____

2. _____ Relationship: _____ Age: _____

3. _____ Relationship: _____ Age: _____

4. _____ Relationship: _____ Age: _____

Please provide us with a detailed description of your financial hardship that is making it difficult for you to pay the registration fee:

The information that you provide on this form will remain confidential and will only be used for the purposes of a determination of facts relevant to the administration and approval of this application. By accepting this scholarship I understand I am required to VOLUNTEER my time during the soccer season to LGN in any capacity in which volunteers may reasonably be needed for a minimum of 8 hours. I understand that failure to do so may result in forfeiture of this assistance.

Parent or Legal Guardian Signature

Date