



## Northern California US Lacrosse Foundation Scholarship Aid Program Application

### Purpose and Instructions

The Northern California Chapter of US Lacrosse offers financial aid to Northern California lacrosse members in the form of loans, which must be repaid, and grants, which need not be repaid. The Northern California Chapter of US Lacrosse offers this aid under its Faulkner Fund and Whipple Fund programs.

**NOTE:** If you are seeking financial aid for a lacrosse program, please complete and submit the [Northern California Program Fund Application](#).

The Faulkner Fund was established in 1997 for the purpose of providing funding for projects that “expand the scope of participation or the level of quality of players, coaches or officials” in Northern California. The endowment is a legacy of Peter Faulkner who was a pioneer in developing grass roots lacrosse in Northern California.

The Whipple Fund was established in 2003, in honor of Diane Whipple, coach of the Saint Mary’s College Women’s Lacrosse Team, for the purpose of advancing girls lacrosse programs and providing individual scholarships to qualified girls lacrosse players.

To request financial assistance to participate in a lacrosse program, event or function as a player, coach, umpire/referee or administrator, please fill out this application and submit it via email to the Northern California Chapter of US Lacrosse, at [funds@norcallacrosse.org](mailto:funds@norcallacrosse.org).

Please submit with this application a brief letter of recommendation. The letter should be from a coach, association or community leader, athletic director or league or conference president.

If you have questions regarding the Chapter’s financial aid programs or concerning this application and any of its parts, please contact: [funds@norcallacrosse.org](mailto:funds@norcallacrosse.org).

**NORCAL Lacrosse Foundation**

An affiliate of US Lacrosse, Inc.

3393 Amherst Lane :: San Jose, CA 95117-3010

[www.norcallacrosse.org](http://www.norcallacrosse.org)



**Northern California US Lacrosse Foundation  
Scholarship Aid Program Application  
Section 1**

**PLEASE REMEMBER TO SUBMIT A BRIEF LETTER OF RECOMMENDATION FROM YOUR COACH,  
ATHLETIC DIRECTOR, LEAGUE OR CONFERENCE OFFICER OR COMMUNITY LEADER with your  
APPLICATION!**

THIS SECTION MUST BE COMPLETED BY THE LEGAL GUARDIAN OR PARENT OF THE APPLICANT IF UNDER  
AGE 18

**Applicant's Name:** \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Applicant's Home Phone#: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Applicant's Birth date (mm/dd/yyyy): \_\_\_\_\_

Applicant's Age as of June 2010: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Current School Attending (if any): \_\_\_\_\_

Lacrosse Position or Title (if any): \_\_\_\_\_

Parents or Legal Guardian's Name: \_\_\_\_\_

Parents or Legal Guardian's Daytime Phone #: \_\_\_\_\_

Parents or Legal Guardian's Home Email: \_\_\_\_\_

Parents or Legal Guardian's Home Address: \_\_\_\_\_



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Section 2

**THIS SECTION MUST BE COMPLETED BY THE PROSPECTIVE APPLICANT**

**Applicant's Name:** \_\_\_\_\_

What is the purpose for which you are requesting funds?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the program run by (please check):  US Lacrosse  Nor Cal Chapter  Other

If other, name of program: \_\_\_\_\_

Program Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date by which the funds are needed: \_\_\_\_\_.

Total cost of the program: \_\_\_\_\_.

Amount of financial support being requested: \_\_\_\_\_

Type of support requested:  LOAN  GRANT

Have you applied for a loan or grant from any other source?  Yes  No

If yes, what is the name of the source: \_\_\_\_\_.

Please list or describe all financial circumstances that the NorCal Lacrosse Foundation should consider as a basis for granting this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE REMEMBER TO SUBMIT WITH THIS APPLICATION A LETTER OF RECCOMMENDATION**

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**Section 3**

THIS SECTION MUST BE COMPLETED BY THE LEGAL GUARDIAN OR PARENT OF THE APPLICANT IF UNDER AGE 18

**Applicant's Name:** \_\_\_\_\_

What is your gross annual household income? (Documentation may be requested)

\_\_\_\_\_  
Please list or describe all financial circumstances that the NorCal Lacrosse Foundation should consider as a basis for recommending this applicant for a scholarship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the financial situation of the child nominated warrants that he/she be given the opportunity to attend a lacrosse camp free of charge.

\_\_\_\_\_  
Applicant/Parent or Legal Guardian (please print)

\_\_\_\_\_  
Applicant/Parent or Legal Guardian Signature/Date

Please submit with this application a brief letter of recommendation. The letter should be from a coach, community leader, athletic director or league or conference officer.

Completed application **AND** letter of recommendation should be emailed to: [funds@norcallacrosse.org](mailto:funds@norcallacrosse.org)

Please contact [funds@norcallacrosse.org](mailto:funds@norcallacrosse.org) fourteen days after you submit this Application to check on its status.