



NORTHERN CALIFORNIA FOUNDATION PROGRAM FUND APPLICATION

Purpose and Instructions

The Northern California Chapter of US Lacrosse offers financial aid to Northern California lacrosse programs 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 player, coach or official, please complete and submit the [Northern California Scholarship Aid 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 for a new or existing lacrosse team, club or program, please fill out this application and submit it via email to the Northern California Chapter of US Lacrosse, at funds@norcallacrosse.org.

Please submit with this application a brief letter of recommendation. The letter should be from a 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.

NORCAL Lacrosse Foundation

An affiliate of US Lacrosse, Inc.

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

www.norcallacrosse.org



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This Section Must Be Completed By the Applicant
Please do not leave anything blank or your application will not be processed.

What is the purpose for which you are requesting funds?

Lacrosse Team/Organization Name: _____

Affiliated with an existing organization? YES NO

If yes, please identify the organization: _____.

Fund Applicant/Contact Person: _____.

Contact Person's Home Address: _____

Contact Person's Phone#: _____

Contact Person's Email Address: _____

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: _____.

Age of participants:

- | | |
|---|--|
| <input type="checkbox"/> Youth (15 & under) | <input type="checkbox"/> High School (16-18) |
| <input type="checkbox"/> Collegiate | <input type="checkbox"/> Post-Collegiate |

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Please select one:

- NCJLA Club CIF School Program Unaffiliated Program

Number or projected number of participants in program: _____.

Select Program Type:

- Boys Girls Coed

Describe the lacrosse program you wish to initiate - What are your initial goals?

Are you starting a multi-team league?

- Yes No

Will all of your program participants be members of US Lacrosse?

- Yes No

Will your program have insurance other than the insurance provided by US Lacrosse?

- Yes No

If not, how is the program covered?

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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 RECOMMENDATION

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

Completed application **AND** letter of recommendation should be emailed to:
funds@norcallacrosse.org

Please contact funds@norcallacrosse.org fourteen days after you submit this Application to check on its status.

(HF:11.23.2010)