

**CASL Financial Assistance Application**

All information contained within this application shall be confidential and shall be used for the sole purpose of determining eligibility for financial aid.

**Applications are due by November 1 for Travel Players and by March 1 for Recreation Players**

Application Date: \_\_\_\_\_

Players Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender:  Male  Female

Applicant Name (Parent/Guardian): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

I am applying for financial aid for the following:  Travel  Recreation

Annual Family Income: \$ \_\_\_\_\_

(Include gross wages, public assistance, child support/alimony, social security, disability, etc.)  
(CASL REQUIRES a copy of your most recent Federal Tax Return to confirm income)

Number of family members in home (include parents and children): \_\_\_\_\_

Family's Contribution to Fees: \$ \_\_\_\_\_

Financial Aid Amount Requested: \$ \_\_\_\_\_

Please list any special circumstances that contribute toward your need for financial assistance:

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

Players Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Applicant Name (Parent/Guardian): \_\_\_\_\_

Financial aid is granted on an annual/seasonal basis and a new application must be submitted each year for Travel, and each season for Recreation. Financial aid will be granted prior to the start of the season. Late applications will be evaluated and will be granted based on remaining available funds.

***CASL requires a copy of your most recent Federal tax return to accompany this application to confirm income. The Financial Aid Coordinator reserves the right to request any additional information relating to this application including but not limited to prior year's tax returns, W-2s, and any other documents that assist with the assessment of financial need. All submitted forms will be held in strictest confidence and destroyed or returned to the applicant after assessment of need is complete.***

By signing and submitting this application, I as the applicant's parent/guardian agree to ensure that the applicant participate in team practices, games and team duties as well as any other regular team activities. I understand that non-participation in these activities could result in termination of my financial aid.

I certify that all materials supplied and statements made in connection with this application are true to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed applications to:

**CASL Financial Aid  
PO Box 987  
Canandaigua NY 14424**

CASL Use only:

Date Received: \_\_\_\_\_

FA Granted:  Yes  No

FA Amount: \_\_\_\_\_

Date of Letter to Applicant: \_\_\_\_\_