



LITTLE FALLS ATHLETIC CLUB

P.O. BOX 149, LITTLE FALLS, NEW JERSEY

Financial Information: (Please fill in ALL information in this section)

By What Means Do You Plan to Finance Your College Education:

Loan _____ Savings _____ Financial Aid _____ Parents _____ PT Job _____

Other:

Father's Occupation _____

Mother's Occupation _____

Have You Received Any Other Financial Aid?

Yes _____ No _____

If Yes, Please Be Specific (e.g., Scholarships, Loans, Grants):

Are Any Other Members Of Your Family Currently In College? Yes _____ No _____

How Many? _____ Please List Ages: _____

LFAC Participation Information

List All Little Falls Athletic Club Programs You Have Participated In:
(Do not include non-LFAC activities, e.g., football, cheerleading, wrestling etc.)

| <u>LFAC Program</u> | <u>Years</u> | <u>LFAC Program</u> | <u>Years</u> |
|---------------------|--------------|---------------------|--------------|
| Soccer-Fall | _____ | Other | _____ |
| Soccer-Indoor | _____ | _____ | _____ |
| Basketball | _____ | _____ | _____ |
| Baseball | _____ | _____ | _____ |
| Softball | _____ | _____ | _____ |
| Fun Run | _____ | _____ | _____ |

List All Little Falls Athletic Club Programs Your Parents and/or Guardians Have Participated In:

| <u>LFAC Program</u> | <u>Years</u> | <u>Position</u> (e.g., Coach, Asst Coach, Commissioner, Team Parent, Exec Board, etc) |
|---------------------|--------------|---|
| Soccer-Fall | _____ | _____ |
| Soccer-Indoor | _____ | _____ |
| Basketball | _____ | _____ |
| Baseball | _____ | _____ |
| Softball | _____ | _____ |
| Fun Run | _____ | _____ |
| Other | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



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Other Information: (continue on a separate sheet of paper if needed)

List Any Civic Activities You Have Participated In, Such As Community Service, Volunteer Work, etc.:

List Any Hobbies You Especially Enjoy:

What Are Your Career Ambitions? How Do You Plan To Attain Them?

Other Comments:

I certify that the above information is complete and correct:

Signature of Applicant

Date

Signature of Parent or Guardian

Date

Completed applications must be received by the LFAC by April 15th