

St. Patrick School Athletics Program

Request for Financial Assistance

Name of Student: _____

Grade of Student: _____

I hereby request financial assistance from the St. Patrick School Athletic Program for the sport and season indicated below.

Please check one:

____Football ____Basketball ____Cross Country ____Track ____Volleyball

____Baseball ____Softball ____Soccer ____Cheer ____Swim

Season Requested: _____

I am able to contribute _____ towards the Athletic Fee for the sport for which assistance is being requested.

I understand that financial assistance from the St. Patrick School Athletic Program must be requested and may be granted on a case by case basis and that receipt of financial assistance for any given sport is not a guarantee of future financial assistance.

Parent Signature: _____ Date: _____

Approvals:

Amount Approved: _____ Full Fee _____ Partial Fee (Fee less Parent contribution)

Principal: _____ Date: _____

Athletic Director: _____ Date: _____