

**ATHLETIC COMMITMENT TO EXCELLENCE (ACE)**  
Hardship Waiver Request

**Coach: Complete top portion/the reason for the request** and submit to Athletic Office. Athletic Director will complete the request.

Student's Legal Name: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Team / Level: \_\_\_\_\_

Coach: \_\_\_\_\_

AD's Evaluation: \_\_\_\_\_

Payment Plan: \_\_\_\_\_  
(Contact Athletic Office)  
214-780-3031

Reduced Fee: \_\_\_\_\_  
(\$125.00)

Waiver: \_\_\_\_\_

Reason for Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_