



**Pinellas Park T-Birds
2024 Hardship Form**

Hardship applications will be reviewed by a committee for approval, a decision will be made within 48 hours.
***There will be no hardships granted on the date the application was submitted.**

Player Name: _____ Division: _____

Player Name: _____ Division: _____

Player Name: _____ Division: _____

Parent Name: _____ Phone: _____

E-mail: _____

1. Has your family experienced hardship before? No ___ Yes ___ If yes when? _____
2. Do you agree to volunteer 4 hours per child, maximum of 12 hours? No ___ Yes ___

Reason for hardship.

Recommended Amount:

\$100 Registration Fee Approved: ___ Denied: ___

Package cost can be put on a payment plan due by July 1, 2024.

As the parent of child(ren) granted hardship/scholarship, I agree to complete my parent volunteer hours as stated on the Parent Contract and any extra time available to help support the organization.

Parent Name (Printed)

Parent Signature

Date

Athletic Director / Coordinator

President / Vice President

Date

Registrar

Date