**Financial Hardship Application**

Pines Charter Football, Inc. expects to collect its fees in a timely and consistent manner. Sometimes our families encounter financial situations that temporarily prevent them from complying with our payment procedures and deadlines. The purpose of this form is to provide them with an opportunity to apply for an exception to our payment procedures and deadlines. Your complete form will be reviewed in an extremely confidential manner and a decision will be communicated to you. Please note that additional information may be requested of you in order to evaluate your application.

|  |  |
| --- | --- |
| **Student Name:** |  |
| **Parent’s Name:** |  |
| **Parent Phone Number:** |  |
| **Parent Email:** |  |
| **Activity:** | Football Player Fees  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Hardship Request Type:** | Full Amount  Partial Amount Additional Time to Pay |
| **Reason for requesting financial hardship assistance:** | |
|  | |
| **Your proposed alternative to Pines Charter Football, Inc.’s fees payments procedures:** | |
|  | |
| **Parent Signature:** |  |
| **Date:** |  |

Please complete and return this application to the Board of Officers of Pines Charter Football, Inc.

Email: [contact@pinescharterfootball.com](mailto:contact@pinescharterfootball.com)

send in to the school in a sealed envelope.