

CHS Athletic Booster Club Hardship Procedure and Agreement

1. The athlete demonstrates the need for financial assistance by approaching the head coach with their request.
2. The head coach provides the athlete with this form and requires the athlete's parents to complete the form and return it to the head coach.
3. The head coach distributes the form to either the President or Treasurer of that sport's booster club.
4. The athlete's parent(s) are asked to provide a written statement requesting the need for financial support stating why the program should consider them for financial assistance. They will also provide hours during the week and/or weekend when they will be available to assist the program by volunteering with fund raising opportunities.
5. The athlete, his/her parent(s), the head coach, and either the President or Treasurer of that sport's booster club will meet to discuss and agree to provide the financial assistance and sign the Hardship Agreement.

HARDSHIP AGREEMENT

This is an AGREEMENT between _____,
(Athlete), _____, (parent(s) or guardian(s)), and the CHS
_____ (Booster club), an integral part of the CHS Athletic
Booster Association, a 501 (C) 3 Non Profit Corporation.

The Athlete understands that interscholastic athletics in Fulton County Georgia are supported entirely by the collection of participation fees and fundraising efforts undertaken by the individual athletic teams. The Athlete and the Athletes Parent and/or Guardian is requesting Financial Relief be provided from the participation fees associated with participating in the sport of _____ for the _____ Season. The value of such Financial Relief shall be \$ _____. **Should Financial Relief be provided, the Athlete and the Athletes Parent and/or Guardian solemnly agree to participate in any and all fundraising efforts undertaken by the sport's booster club.**

By signing below, the booster club agrees to grant Financial Relief to the Athlete and the Athlete's Parent/Guardian for the referenced sport and season. This relief will not survive either this sport or the season. The Booster Club will keep this Agreement discreet and the information collected confidential to the best of their abilities.

No athlete will be denied the right to participate in athletics at CHS due to their inability to pay participation fees. However, it is expected that appropriate efforts be made to either pay the participation fee in installments or abide by the terms of this Agreement by volunteering on an as needed basis.

Agreed upon this _____ (day), of _____ (month), 20_____.

Student Athlete	Date	Parent/Guardian	Date
Head Coach	Date	Booster Club Representative	Date

(Please see reverse side to complete the Hardship Information Sheet)

FINANCIAL HARDSHIP INFORMATION SHEET

(Please print legibly)

Participation in interscholastic athletics in the state of Georgia is a privilege and not a right. Funding is not supplied by any governmental body and therefore extra curricular activities, such as athletics, are supported by participation fees, corporate sponsorship, and parental involvement through fund raising. It is our intent to provide those student athletes who qualify to receive the financial aid necessary for them to participate in athletics at Centennial High School. In return for such aid, we ask that the student athlete and their parent(s)/guardian(s) donate their time to assist the club in their fund raising efforts.

Students Athletes Name (s): _____

Parent/Guardian Name (s) _____

Home Address: _____ City, Zip _____

Preferred Email: _____

Preferred Phone: _____

Employer 1: _____ Full Time Part Time Hours per Week _____

Typical Work Schedule: _____

Employer 2: _____ Full Time Part Time Hours per Week _____

Typical Work Schedule: _____

Does the student athlete participate in the government sponsored free lunch program? Yes No

Does the family participate in other government sponsored assistance programs? Yes No

If Yes, please explain: _____

Is the family able to afford a reduced fee? Yes No

If Yes, what amount can the family afford? _____

Would installment payments help the family meet this financial obligation? Yes No

If Yes, what payment on what schedule can the family afford? _____

Please explain, in your own words, why you believe financial aid should be provided to your family:

