



Princeton High School Football Booster Club Hardship Application

Athlete's Name: _____

Parent / Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Athlete's Grade: _____ Level Playing: _____

Parent/Guardian Signature: _____ Date: ___/___/___

PLEASE INCLUDE:

A Written Request from Parent / Guardian

AND ONE OR MORE OF THE FOLLOWING

Documentation showing receipt of assistance

Written Recommendation by school representatives,
Social workers, or other social services representatives
Documentation demonstrating immediate financial hardship

Written explanation of reason financial need/hardship

For Princeton Booster Club Use Only

Approved _____ Disapproved _____ Amount Awarded \$ _____

Officer Signature _____ Date: ___/___/___



Princeton High School Football Booster Club Hardship Scholarship Application

TERMS AND CONDITIONS

By signing this form, I certify that the above information is correct to the best of my knowledge. I understand that the Princeton Football Booster Club, through awarding of a hardship assistance, is not liable for any injury occurring during the participation in the sport for which the hardship assistance is awarded.

Hardship assistance will not be paid to the individual, nor will any money be refundable to the individual. Hardship assistance awarded by the Booster Club are for the Football program fees only. In addition, hardship assistance will not include any spirit wear items.

Each hardship assistance application will be considered on a case by case basis by the Princeton Football Booster Club Officers. The application is considered confidential and will not be shared with anyone other than the representatives listed above.

I understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from a Hardship assistance and/or participate in the Princeton Football Booster Club sponsored programs.

By signing below, I understand and agree to the above conditions.

Parent / Guardian Signature: _____

Date of Application: _____