



## FINANCIAL HARDSHIP REQUEST FORM

<b>Parents Name:</b>	
<b>Players Name:</b>	
<b>Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Primary Phone Number:</b>	
<b>Secondary Phone Number:</b>	
<b>Primary Email Address:</b>	
<b>Secondary Email Address:</b>	
<b>Amount of Reduced Player Fee Requested:</b>	

I hereby apply for a reduced fee to be applied toward River Falls Volleyball Club player fees for the player listed above for the current volleyball club season. I understand that hardship awards are based on availability of funds and application criteria. Should the above player leave the club or cease playing for any reason, the hardship award will be cancelled. I further understand that any falsified information on this application will render any award null and void, and the funds will be returned to the River Falls Volleyball Club.

I understand that payment plans under the Hardship Program must be adhered to after accepting an award and that players may be removed from the volleyball program if payments are not received under the agreed-upon installment plan.

I understand that applying for a reduced fee does not automatically result in receiving an award.

I certify that the information included in the application is correct and true to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include:

- A letter explaining:
  - Why your family is in need of financial assistance
  - Your player's dedication to volleyball
- Copies of the most recent Federal Form 1040/A and/or W-2/1099
- Copies of two (2) most recent paystubs, from each guardian/payor, which show year-to-date income