

Financial Aid Request Form

St. Peter Athletic Association

Date Submitted: _____

Submitted To: _____

Requestor's Information

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Children Requesting For: _____
School Children Attend: _____
Parish in Which a Member: _____
Lives Within Parish Boundaries? ☐ Yes ☐ No
Plays Same Sport in Another League: ☐ Yes ☐ No
First Time Request: ☐ Yes ☐ No
Reason For Request: _____

Child's Information

☐ Demographics Same as Parent?

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Date of Birth(m/d/yy): _____
Gender: _____
School: _____
Parish in Which a Member: _____
Lives Within Parish Boundaries? ☐ Yes ☐ No
Plays Same Sport in Another League: ☐ Yes ☐ No

Sport	Previous Participated STP's Sports:
<input type="checkbox"/> Baseball	<input type="checkbox"/> Baseball
<input type="checkbox"/> Softball	<input type="checkbox"/> Softball
<input type="checkbox"/> T-Ball	<input type="checkbox"/> T-Ball
<input type="checkbox"/> Soccer	<input type="checkbox"/> Soccer
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Track	<input type="checkbox"/> Track
<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball

Child's Information

☐ Demographics Same as Parent?

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Date of Birth(m/d/yy): _____
Gender: _____
School: _____
Parish in Which a Member: _____
Lives Within Parish Boundaries? ☐ Yes ☐ No
Plays Same Sport in Another League: ☐ Yes ☐ No

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<input type="checkbox"/> T-Ball	<input type="checkbox"/> T-Ball
<input type="checkbox"/> Soccer	<input type="checkbox"/> Soccer
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Track	<input type="checkbox"/> Track
<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball

Child's Information

☐ Demographics Same as Parent?

Name: _____
Address: _____
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Date of Birth(m/d/yy): _____
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<input type="checkbox"/> Volleyball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Track	<input type="checkbox"/> Track
<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball

Approved: ☐ Yes ☐ No
Approved By: _____
Approval Date: _____
Rejection Reason: _____