Request for Financial Assistance – Recreational Player
Hancock Soccer Association

Season For The Request: _____ Date Submitted: _____

Instructions: Please fill in all the requested information. If there is more than 1 player in a family requesting assistance, fill in the top portion for the oldest one and use the bottom space for the additional players. **Mail this form to: HSA Financial Aid, P.O. Box 471, Findlay, OH 45840.**

Player's Name: _____

Date of Birth: _____ Amount of Request: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____

Reason For Request:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Additional Players:

Name: _____ Date of Birth: _____ Amount: _____

Name: _____ Date of Birth: _____ Amount: _____

Name: _____ Date of Birth: _____ Amount: _____

Name: _____ Date of Birth: _____ Amount: _____

Parent/Guardian Signature: _____ Date: _____

In return for financial assistance, the parent/guardian (or designated person 16 or older) may be asked to provide volunteer service to HSA. This service could consist of one of the following: trash pick up at the fields after games, gathering corner flags, helping to paint or layout fields, field marshal at a soccer tournament, help at a coaches pre-season meeting, or some other service as determined by the Financial Assistance Committee or the HSA Board.