Please fill in the following information to be considered for a hardship grant:

Date:___/____/____

1. Parent's Name:_____
2. Children's names, ages and grades for whom you are requesting assistance

   _____
3. Address:_____

   _____
4. Telephone:_____
5. My child(ren) currently qualifies for the Free/Reduced Meals Program at their school.
   Yes_____ No_____

   If you checked YES question #5, please attached a copy of your letter documenting your status. You may skip questions 6-8 and sign where indicated below

6. Reason for Requesting Grant: _____

_____

_____

_____

7. The fee for my child(ren) to play basketball for the season is $_____
8. I hereby request a hardship grant in the amount of $_____ .

I have read and understand the above policy and feel that I should qualify for a grant.

Signed,

_____
Parent's signature

Please attach this completed form and email to the Great Falls Basketball commissioner at: commissioner@gfhoops.com

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Approved by Commissioner ___/___/____

Updated 8 10 22