

Kearney Matcats - Financial Assistance Form

Purpose:

The Kearney Matcats are committed to making sure every child has the opportunity to participate, regardless of financial circumstances. If you need assistance with program fees or related expenses, please complete this form. All requests will be kept confidential. This all looks good to me unless someone else sees changes we need.

Participant Information

Wrestler's Name: _____ Date of Birth: _____

School/Grade: _____

Parent/Guardian Information

Name(s): _____

Phone Number: _____ Email Address: _____

Program Assistance Requested

- ☐ Fall Program (3rd-12th Grade)
 - ☐ 1 Day pre-week
 - ☐ 2 Days pre-week
 - ☐ 3 Days pre-week
- ☐ Pre-season Program (PreK-8th Grade)
- ☐ Regular Season Program (PreK-8th Grade)
- ☐ Spring Program (3rd-12th Grade)
 - ☐ 1 Day pre-week
 - ☐ 2 Days pre-week
 - ☐ 3 Days pre-week

Reason for Request

Please briefly explain your situation and why you are requesting assistance:

Contribution Ability

If possible, please indicate what portion, if any, your family may be able to contribute. This helps us extend support to as many families as possible. Amount able to contribute: \$_____

Agreement

I certify that the information provided above is accurate and understand that assistance is based on available funds and review by the wrestling club board/committee.

Parent/Guardian Signature: _____

Date: _____