

LOVELAND SOFTBALL ASSOCIATION
P.O. Box 262 Loveland, Ohio 45140

FINANCIAL ASSISTANCE REQUEST FORM

Player's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____

Address: _____

City: State: Zip: _____

Player's DOB: _____

Phone Number: _____

1. Type of Financial Assistance Being Requested:

- Installment Payments (*Registrant Agrees to Make Monthly Installment Payments*)
- Deferred Payment Terms (*Registrant Agrees to Pay Full Amount at a Future Date*)
- Partial Scholarship (*Registrant Pays 25% or 50% of Fee, and LSA Covers Balance*)
- Total Scholarship (*LSA Pays Full Registration Fee*)

2. Reason for Request (Explanation of your circumstances)

3. In Consideration of LSA Financial Assistance, Are You Willing to Volunteer in any Capacity? (Examples may include equipment/uniform distribution, field maintenance, field scheduling, etc.) **Yes / No**

4. If Yes, Please Explain:

Procedure:

1. Register the player via the mail in registration form.
2. Completely fill out this form and sign as required.
3. Mail application and registration form to LSA P.O. Box 262 Loveland, OH 45140
4. The LSA Board will confidentially review all requests for financial assistance.
5. Notification of the decision will be sent to the parent/guardian of the player.