Fort Zumwalt South Bulldogs Hockey Club

Financial Hardship Assistance Request Form

Confidential – Reviewed Only by Treasurer, President, and Secretary/Registrar

Parent/Guardian Information

- Parent/Guardian Name: _____
- Email: _____
- Phone Number: _____

Player Information

- Player Name: _____
- Grade: _____
- Sport (select all that apply): ☐ Ice ☐ Inline

Type of Assistance Requested (Select all that apply)

☐ Reduced registration fee

☐ Extended payment plan

☐ Scholarship assistance (if available)

☐ Other (describe): _____

Reason for Request Please provide a brief description of the financial hardship (job loss, medical expenses, single-income transition, etc.).

Supporting Documentation (Optional) You may attach one of the following:

- Free/reduced lunch eligibility
- Brief hardship statement
- Layoff notice or medical expense summary
- Other (describe): _____

Certification I certify that the information provided is true and that I am requesting assistance due to genuine financial hardship.

- Signature: _____
- Date: _____

Submit this form to the following:

- **Treasurer** (Reference **About** | **Board of Directors** at www.fzsbulldogshockey.com)
- **Board President** (Reference **About** | **Board of Directors** at www.fzsbulldogshockey.com)