

St. Patrick Boosters
Application for Assistance

Child's Name _____ Grade: _____

School _____ Parish _____

Parents/Guardians Name _____

Address _____

Phone: Cell: _____

Home: _____

Work: _____

E-Mail address: _____

Amount Requested \$ _____ / Sport(s) _____

Is amount requested a _____partial amount or _____total amount of fees due?

Is the amount requested to be paid back to boosters? _____yes _____no

Is the parent/guardian willing/able to donate time/talent to the Boosters in lieu of paying amount back? _____yes _____no

Other information provided by parent/guardian: