NORTH CANTON HOOVER SIDELINERS

FINANCIAL ASSISTANCE REQUEST- Please check the best designation:
___ Academics ___ Arts ___ Athletics

Please provide all information requested. Copy the request and submit a copy to the Athletic Director or Principal, and keep a copy for yourself.

Date: _____

Group Requesting Assistance: _____

Applicant's Name: _____

Contact Number and/or Email Address: _____

If the request is approved, who should payment be made out to?

_____

Amount of money requested: _____

Reason the money is needed: _____

_____

_____

_____

_____

Has this been approved by the Athletic Director or Principal? ____Yes ____No

Athletic Director or Principal Signature: _____

Printed Name: _____

Date: _____

How is your support group/Booster Club assisting? _____

_____

_____

How are your parents assisting? _____

_____

_____

Who will be attending our meeting to present this request and answer any questions?

_____

Sideliners Officers:
President: Sharon Saus Vice President: Secretary: Christopher Moore Treasurer: Deidre Logan