



MAGNIFICAT

Application for Financial Assistance and/or Payment Plan Interscholastic Sports 2016-17

Please print clearly or type all information.

Student Name (Last, First) Sport Homeroom

Parent/Guardian Last Name Parent/Guardian First Name MI

Current Residence Address City State Zip phone

Other Parent/Guardian Last Name Other Parent/Guardian First Name MI

Current Residence Address City State Zip phone

If applying for financial assistance

1) Please describe your need for financial assistance:

2) Please fill in the amounts. Total Sport Cost \$ _____
Amount I feel able to pay toward sport _____
Amount requested for financial assistance _____

3) Please note that to be considered for financial assistance a current Private School Aid Service (PSAS) form must be on file. If any financial circumstances have changed recently, please contact the finance office at 440-331-1572, extension 225.

If applying for a payment plan:

1) Please fill in the amounts. Timing of payments _____ (weekly, monthly, quarterly)
Amount of payment: _____
Date(s) of payment(s) _____

Please submit completed form in a sealed envelope to the Athletic Office.

In signing this application, I certify that the above answers are true and correct to the best of my/our knowledge.

Signature of Parent/Guardian Date