



Junior Basketball

21-22 Financial Hardship Form

Player Name: _____

Player Grade: _____

Parents or Legal Guardian Name: _____

Email: _____

Home Ph: _____ Cell Ph: _____

List any hardship programs you are eligible for through Cobb County schools and the state of Georgia:

Please give a short description of hardship:

Please provide student's final report card from the previous school year if current one not available. Return this form to your head coach or Kell Jr director.