



## Kell Jr Basketball Booster Club

### 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:

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Please give a short description of hardship:

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