



**STMA Girls Fastpitch Association Financial Assistance Application**

**Name(s) (Parent(s) First/Last):** \_\_\_\_\_

**Name(s) Child(ren) First/Last:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Telephone Number(s): Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Number of children in In-House:** \_\_\_\_\_

**Number of children in Travel:** \_\_\_\_\_

Have you received financial assistance from STMA GFA in previous years? \_\_\_\_\_

If so, when? \_\_\_\_\_

Do you have a balance due with STMA GFA? \_\_\_\_\_

How much of the registration fee can you pay? \_\_\_\_\_

Would you be willing to participate in a payment plan? \_\_\_\_\_

Could you do a monthly payment plan? YES or NO

If yes, how much each month? \_\_\_\_\_

Are you willing to volunteer your time to other STMA GFA events? \_\_\_\_\_

**Please explain why you would like to be considered for financial aid. Include any special circumstances:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm the above information as accurate to the best of my knowledge and understand falsifying information may result in revocation of any financial assistance and the possibility of repayment of any monies received based upon false information provided.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Completed applications can be sent to:**  
STMA Girls FastPitch Association  
P. O. Box 297  
St. Michael, MN 55376  
or emailed to [stmagirlsfastpitch@yahoo.com](mailto:stmagirlsfastpitch@yahoo.com)