



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@gmail.com