

REQUEST TO SABC FOR "FINANCIAL ASSISTANCE FOR TEAM FEES"

***2018-2019 Financial Assistance amount = \$75 per player per sport
(families may request assistance for multiple teams during the school year)***

Student Name: _____

Address: _____

Athletic Team: _____

To request that funds be transferred from SABC to your team account, please complete the form and return to Skyline Athletic Department Office. The SABC financial assistance is paid directly to the team account to supplement the reduction in team fees that families are required to pay to his/her team general account to cover team expenses. ***No SABC funds or team funds are to be paid to the student/family/or guardian of a student-athlete.***

Please note: this does not fund the AAPS District Pay to Play fee; families should contact the athletic department to obtain a waiver code for the AAPS District Pay to Play fee.

- My student qualifies for assistance under for the 2018-2019 Free and Reduced Price Free Meals program and therefore may qualify for other financial assistance programs. I request financial assistance for team fees for the designated Skyline High School sport. (Parents: If the "Sharing Information with Other Programs" form is not already in place with the Skyline Athletic Office, please complete the form and return with this request.)

- I request financial assistance for team fees for the designated Skyline High School sport. Our family does not qualify under the 2018-2019 Free and Reduced Price Free Meals program; however, there are other extenuating financial circumstances:

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

Email: _____

Phone Number: _____ Best time to Call: _____

Signature/Approval of Team Coach: _____ Date: _____

Coach's Comments (if needed):

For more information, you may call Laurie Adams at 734-994-7075 or email adamsl@aaps.k12.mi.us

Return this form to: *Skyline Athletics, 2552 N. Maple Rd., Ann Arbor, MI 48103*

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Date Received in Skyline Athletic Office: _____

Review/Approval by Skyline Athletic Office:

- Yes. Financial Assistance for Team Fees approved
- No. Financial Assistance for Team fees denied

Signature of Skyline Athletic Office review: _____ Date: _____