



FAIRBORN WEE HAWKS FOOTBALL ASSOCIATION, INC

P.O. BOX 1976

FAIRBORN, OH 45324

<http://www.fairbornweehawks.com>

weehawksfootball@gmail.com

Fairborn Wee Hawks Football Association, Inc. Financial Hardship Payment Plan Application

Fairborn Wee Hawks Football Association, Inc. is a non-profit 501 c (3) organization run by volunteers. Our organization's funds are limited. Financial Aid in the form of Financial Hardship Payment Plan is offered to families unable to pay 100% of fees in one payment.

Assistance is offered to those in need; decisions are not based on talent or achievement of the player. Fairborn Wee Hawks Football Association, Inc. utilizes a variety of different tools to determine eligibility for participation in Payment Plan. Be as specific as you can be about your financial situation to assist the financial aid committee in evaluating your application. Your parent letter should outline why your family is in need of financial assistance and your player's love of the sport of football or cheer.

Please be sure to fill out this application in its entirety. Applications with missing information, such as letters or verification documents, will be returned for completion. Incomplete applications may miss the deadline or be denied assistance.

Please note that the Executive Board may request an interview with the parent to further investigate the need for assistance or to inform the applicant of the terms for receiving assistance.

Parents/guardians acceptance in the Financial Hardship Payment Plan may be asked to volunteer service hours such as field set-up, trash, concession, gate, or other jobs as needed to ensure successful practice and games. Volunteers and fundraisers are the backbone of our organization and your support is a necessary component.

APPLICATIONS ARE DUE BY MAY 1 2025

Late Applications will not be accepted

**** Please note:** Applicants must register child(ren) at fairbornweehawks.com and pay the \$50 deposit to be considered for hardship.

Applicants will be notified of their status to participate in financial hardship payment plan and remaining due dates once application has been reviewed by the Executive Board.

Completed Application should be emailed to weehawksfootball@gmail.com.

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All Information provided will be held strictly confidential and will not be used for any other purpose. The Fairborn Wee Hawks Football Association, Inc. will not share with anyone your application for assistance.

False information given to the organization will result in your player being disqualified for program participation

Player #1 Information:

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone Number: _____

Home Phone: _____ Player Birth Date: _____ Age: _____

Team player qualifies for: (circle one): Bantam Third Fourth Fifth Sixth

Years involved in Football/Cheer: _____ Grade in School Fall 2025: _____

Other sports/activities/clubs with which you are involved: _____

Player #2 Information (if applicable):

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone Number: _____

Home Phone: _____ Player Birth Date: _____ Age: _____

Team player qualifies for: (circle one): Bantam Third Fourth Fifth Sixth

Years involved in Football/Cheer: _____ Grade in School Fall 2025: _____

Other sports/activities/clubs with which you are involved: _____

Player #3 Information (if applicable):

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone Number: _____

Home Phone: _____ Player Birth Date: _____ Age: _____

Team player qualifies for: (circle one): Bantam Third Fourth Fifth Sixth

Years involved in Football/Cheer: _____ Grade in School Fall 2025: _____

Other sports/activities/clubs with which you are involved: _____

Family Information:

Parent's Marital Status: _____ Total Number in Household (including children): _____

Parent #1 Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone Number: _____

Parent #2 Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone Number: _____

Have you participated in Fairborn Wee Hawks Hardship Program in the past? Yes: __ No: __ When: _____

Have you ever volunteered time to Wee Hawks football or cheer in the past? Yes: __ No: __ When: _____

How much are you able to pay in the form of a payment plan? _____

How often will you be able to make payments if approved for a payment plan? _____

Total Household Income per month (GROSS): \$ _____ (Enclose documents listed below to verify income.)

Documents 1 & 2 must be submitted for all adults living in the household to verify income listed above.

1. Copy of most recent W-2 (include all W-2 received for the year)

2. Copy of the last two (2) paycheck stubs

If you feel that you have extenuating circumstances not evidenced by the above information, you may submit a statement explaining your current situation. Please attach it to your application with the above income verification.

I certify that the above information is true and complete to the best of my knowledge. I understand the above agreement and my obligations. I further understand if any information submitted is found to be falsified it will result in an immediate termination of Hardship Payment Plan, forfeiture of any payments already made, and immediate payment of remaining balance in full.

Parent/Guardian Name who is applying:

Signed (Parent or Guardian):

_____ Date: _____

Submit completed application 1) Letter from parent/guardian explaining financial need 2) Copy of W-2 for previous year 3) Copy of last TWO paycheck stubs. Completed Application and documentation should be emailed to the following address: weehawksfootball@gmail.com.