

LYSA Waiver Application

Please circle season: Fall or Spring

Please email form and support documents to: office@lysa.org

OR mail to:

LYSA, PO Box 24844, Lex, KY 40524

Player name: _____ Birth Year: _____

Player address: _____

Phone: _____ E-mail: _____

School: _____ **Date of Birth** _____ **(must have)**

Parent Name (*Mother*): _____

Address: _____

Place of Employment: _____

Work Phone: _____ Home Phone: _____

Parent Name (*Father*): _____

Address: _____

Place of Employment: _____

Work Phone: _____ Home Phone: _____

Assistance requested (check one): 25% ___ 50% ___ 100% ___ Payment plan ___

Did you receive assistance last year? Yes ___ No ___ How much? _____

Other financial assistance currently received, please check all that apply:

1. Welfare ___ Housing assistance ___
Lunch program ___ Health program ___
Other(explain) _____

2. Please attach documentation of all the above.

If request is due to emergency or recent hardship, please explain: (use additional sheet if necessary):

Signed: _____ Date: _____

Note: You MUST complete all areas and provide required documentation. This form will be returned to you and no assistance will be granted if sufficient information is not provided. Additional supporting information may also be requested.

This application is used strictly to assist in determining need. No guarantee of assistance is associated with the completion of this application. All applications will be reviewed on an individual basis without regard to age, sex, or race. All information and actions relating to this application will be treated confidentially.