

# 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.