



Chagrin Falls Pay to Participate Assistance Form

(Chagrin Falls Boosters have generously agreed to help pay for families who can not afford the pay to participate fees)

Parents/guardians wishing to request assistance with the Pay to Participate fee shall submit this form to the Chagrin Falls Athletic Office, 400 E. Washington St, Chagrin Falls, OH 44022.

Students Name: _____ School (HS or MS): _____

Grade: _____ Address: _____ State: _____ Zip: _____

Parent/Guardian Email: _____

Sport: _____ Season: _____

I/We understand that determination of assistance with fees requires an evidence-based need. Consideration for granting assistance is based on a review of documents and information received. Please select one of the following:

- Student is eligible for free or reduced-price school meals. You must have received approval from the school district.
- Financial hardship. You must attach documentation or a detailed explanation for the hardship.

Please note: This document will only be shared with the CFHS administration.

The reason for a hardship request is:

Signature of Parent(s)/Guardian(s): _____ Date: _____

Administrative Use

Date Reviewed: _____ Request Granted: _____ Request Denied: _____

Notified applicant: _____ Additional Information: _____