



Catholic Athletic League Diocese of Providence  
Team Athletic Financial Aid Application – Schools

PLEASE NOTE THAT DUE TO LIMITED FUNDS, FINANCIAL AID MAY ONLY BE AVAILABLE FOR A PORTION OF A TEAM FEE AND WILL MOST LIKELY BE LIMITED TO ONE TEAM PER PARISH OR SCHOOL. You may be notified if more funds become available. Awards will be based on documented financial need.

(PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ENTIRE FORM)

SPORT REQUESTING FOR \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNT REQUESTED \_\_\_\_\_

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

IF YOU RECEIVE PARTIAL AID, WILL YOUR SCHOOL STILL PARTICIPATE IN THIS SPORT?

Yes  No

PLEASE DOCUMENT YOUR SCHOOL'S FINANCIAL NEED THAT CANNOT BE OVERCOME BY FUNDRAISING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
Please have your PRINCIPAL sign this completed application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

POSITION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PLEASE RETURN THIS APPLICATION FORM NO LATER THAN 10 DAYS PRIOR TO THE START OF THE SPORT SEASON FOR WHICH FINANCIAL ASSISTANCE IS REQUESTED.

Catholic Athletic League  
804 Dyer Ave. Cranston, R.I. 02920