



**WASHINGTON STATE ATHLETICS  
OFFICE OF COMPLIANCE  
CAMP/CLINIC HARDSHIP APPLICATION**

Sport: \_\_\_\_\_ Coach: \_\_\_\_\_

Date(s): \_\_\_\_\_

Age of Camper: \_\_\_\_\_ Academic Level of Camper: \_\_\_\_\_

Is the camper an athletic award winner?      YES      NO  
(Circle One)

Does the camper currently complete in this sport?      YES      NO  
(Circle One)

Please describe the circumstances that should be considered in determining whether or not a hardship should be granted:

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\*For Compliance Use Only:

Hardship Granted

Hardship Denied

Camps/Clinics Coordinator Signature: \_\_\_\_\_