

Hudson Hockey Association

Financial Assistance Application

Name of Parent or Guardian

Address

City

State

Zip

Home Phone

Work Phone

Email Address

1. Name(s) and skating level of child/children for whom aid is being requested:

Name _____	Level _____
Name _____	Level _____
Name _____	Level _____
Name _____	Level _____

2. Request: _____ Partial Assistance _____ Full Assistance

3. Do you qualify for other types of financial assistance? _____ Yes _____ No

4. If Yes, list types of assistance (AFDC, food stamps, school lunch, etc):

5. Please complete the following information:

Household Size _____ Total Household Income* _____
(*attach the first page of previous year Federal Tax Return)

6. Did your child/children participate in off-season hockey programs (FHIT, Showcase, Peewee International, etc.)? Yes _____ No _____ If Yes, which ones?

7. Are there extenuating circumstances that should be considered? (Use back of form if necessary)

8. Have you fulfilled all your volunteer hours in past seasons? Yes _____ No _____

Financial assistance is only for this season's registration fees – equipment, tournaments, tryout fees, clinics, \$40 per player USA Hockey registration fee, fundraising expenses, volunteer obligations and travel expenses are not covered.

Allocation of assistance may vary based on the number of applicants.

This application must be received by the Treasurer prior to the in-person fall registration date.

I hereby certify that all of the above information is true and correct.

Parent or Guardian

Date

Place form in the Treasurer's box or mail form to: HHA Treasurer, 1820 Hanley Road, Hudson WI 54016
Mark sealed envelope as "CONFIDENTIAL"