

OSSEO MAPLE GROVE HOCKEY ASSOCIATION
FINANCIAL ASSISTANCE APPLICATION

Name of Parent or Guardian

Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

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

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

2. Request:

_____ Payment Plan
_____ Participation in program to "work off" fees (Personal Fundraising)
_____ Waive registration fee

3. Do you qualify for government financial assistance? _____ Yes _____ No

List types of assistance (AFDC, Food stamps, free/reduced school lunch, etc.) _____

4. Please complete the following information:

Total Parental Income (Please include a copy of last federal income tax form) _____

Applications that do not include proof of income will not be considered for financial assistance.

List Dependents and their ages: _____

5. Did your child/children participate in off-season hockey programs (MASH, AAA, etc.)? _____ Yes _____ No
If Yes, which ones? _____

6. Are there extenuating circumstances that should be considered? _____

7. What additional volunteer work are you able to perform for the association?
(Concession stand, Slap Shop, Tournament staffing, Other talents- please explain) _____

I hereby certify that all of the above information is true and correct, and I understand that OMGHA may verify the information on the application or ask for additional information.

Parent or Guardian signature

Date

* ALL INFORMATION WILL BE KEPT CONFIDENTIAL.