St. Cloud Youth Hockey Association Financial Information for Membership Assistance

Player's Name				
Address		City	MN Zip	
Telephone ()				
Level of Play for Current S				
	Squirt Hous	se PeeWee	Bantam	Jr. Gold
Father's Name		Phone ()		
Father's Complete Address				
Mother's Name		_ Phone () _		
Mother's Complete Address	S			
Employment Father	-			
Employment Mother				
Current Annual Income Cor	nbined \$			
Income from other sources	(Alimony, AFDC, Re	nters, etc) Use a	dditional sheet	s if necessary
Type				•
Type	Amount \$			
Number of dependent childs				
Activities other children a determining (need)	-	-		•
Please provide any other is conditions, financial difficult conditions. (It is helpful for the commit annual fees.) I am able to pay \$ tow I understand the information in confidence. I further autil deem necessary to verify recent tax return, current necessary to support the refinancial assistance, I am responsored programs.	Ities, etc) Attach add ttee to understand wherever the annual fees. In contained on this formation provent pay stub, AFD numbers listed above	orm is considered committee to noided. I am include. I further under no each year for	explain and decan afford to provide decay and an acopy and any other the association	ocument these bay toward the ad will be held inquiries they of my most information to qualify for a through their
Signature of Parent	D	ate		
Please mail this form to:	St. Cloud Youth Ho Attn: Scholarship C PO Box 1005	Committee	on	

Financial Assistance will be recommended by the scholarship committee and approved by the SCYHA Executive Committee.