

**Eagan Hockey Association (EHA)**  
**Financial Assistance Application for 2025-2026**

*(Use separate application for each child in family)*

Financial Aid does not cover USA Hockey Registration, EHA team slush fund fees, or travel expenses.

Player name: \_\_\_\_\_ Player age \_\_\_\_\_ Player grade \_\_\_\_\_

2025-2026 Level \_\_\_\_\_ Is your player a goalie? Y/N \_\_\_\_\_

Player Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email to use for Financial Aid Correspondence: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different than player): \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different than player): \_\_\_\_\_

Financial assistance requested \_\_\_\_\_ Full Assistance \_\_\_\_\_ Partial Assistance \_\_\_\_\_ Payment Plan

Have you received financial assistance from EHA in previous years? \_\_\_\_\_ If yes, please list years: \_\_\_\_\_

Do you qualify for public assistance (ex. free/reduced school lunch, SNAP, etc)? \_\_\_\_\_

Did your child participate in off-season hockey programs? \_\_\_\_\_ If yes, please list programs: \_\_\_\_\_

Please provide a sponsor (A sponsor is a person who has knowledge of your current needs and financial situation and is willing to attest if contacted by EHA Financial Aid Coordinator.)

Sponsor Name: \_\_\_\_\_

Sponsor Phone: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Please explain why assistance is being requested. Provide as much information as necessary (use separate sheet as necessary).

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to the EHA Treasurer via email [jmachacek@eaganhockey.com](mailto:jmachacek@eaganhockey.com)

Jake Machacek - EHA Treasurer