

# CHEYENNE CAPITALS BOOSTER CLUB

A Wyoming Not for Profit Corporation

## Confidential Financial Assistance Application

### Youth Hockey Activities

The purpose of the Cheyenne Capitals Booster Club Financial Need Scholarship is to provide assistance to the youth of the Cheyenne area to enable them to participate in hockey activities.

#### Parent/Guardian Information:

First Name    Last Name    Phone

Address    City and State    Zip

Occupation    Employer    Work Phone

Annual Family Income \$ \_\_\_\_\_ Number of Dependents \_\_\_\_\_  
(Please attach a copy of the last 2 years' tax return)

Explain why you would like to be considered for financial assistance from Cheyenne Capitals Booster Club. Include any special circumstances.

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Name(s) of child(ren) for which financial assistance is requested:

1. \_\_\_\_\_  
Age Division
2. \_\_\_\_\_  
Age Division
3. \_\_\_\_\_  
Age Division

Total participation fee for the activity: \$ \_\_\_\_\_

Have you paid any portion of the participation fee? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Has anyone else paid any portion of the fee? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge.

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PLEASE RETURN YOUR COMPLETED APPLICATION BY NOVEMBER 1<sup>st</sup> TO:  
Cheyenne Capitals Booster Club  
PO Box 20975  
Cheyenne, WY 82003