

OSSEO MAPLE GROVE HOCKEY ASSOCIATION
FINANCIAL ASSISTANCE APPLICATION

Applications due to Treasurer@OMGHA.com by 9/1

Name of Parent or Guardian

Address

City

State

Zip

Home Phone

Phone

Email

1. Names and skating level of children for whom assistance is being requested:

Name _____

Level _____

Level _____

Level _____

Level _____

2. Request:

_____ Different Payment Plan

_____ Reduced Player Fees (\$1000 max per player)

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

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

4. Please complete the following information:

Taxable Income from last tax year (attach 1040 form page with taxable income) _____

Applications that do not include a copy of federal form will not be considered for financial assistance

List dependants and their ages: _____

5. Did your child participate in offseason hockey (Mash/AAA, etc) _____ Yes _____ No

6. If so, which ones: _____

7. Are there any extenuating circumstances that should be considered: _____

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

Parent of Guardian Signature

Date

* ALL INFORMATION WILL BE KEPT CONFIDENTIAL.