

TYH Financial Aid Application - Return Completed form to Current TYH President and Treasurer by Tues. Nov. 15

Thank you for your interest in applying for financial assistance. To ensure that the TYH Board of Directors can carefully and fairly evaluate your request, please complete the following form in its entirety. We understand that sharing personal financial information can be difficult, but providing these details is essential for us to fully understand your circumstances and assess your needs. Please be assured that all information submitted will be handled with the highest level of confidentiality and respect.

Name _____

Street Address _____

City, State and Zip Code _____

Home Phone _____ Alternate Phone _____

Email Address _____

Name of player(s) and level of play 1. _____ 2. _____

Have you received financial aid from TYHA in the past YES or NO Explain why you are applying for aid (loss of employment, medical bills, other) _____

Household income per year _____

Monthly House payment or rent _____

Monthly car payment if applicable _____

Other fixed monthly debt payments _____

Total number of dependents including yourself. _____

Did your child participate in any off-season hockey programs? Circle one Yes No

If yes which ones _____

Signature _____ Date _____

- For TYH use only. Approved Yes/NO Signed by

President _____

VP _____

Past President _____ Amount of financial Aid \$ _____

Payment plan if any _____

Additional volunteer requirements _____
