



# Coon Rapids Youth Hockey

## Financial Assistance Policy

**Overview:** It is our mission to expand access to Coon Rapids Youth Hockey for all. We want every Coon Rapids child to be able to come out and play the game of hockey for our association.

**Eligibility:** Financial assistance will be granted based on determining factors and/or extenuating circumstances. Determining factors shall be based on if the family is receiving the District Educational Benefits (as documented by the Anoka-Hennepin School District, or other official documentation) and families with extenuating circumstances (e.g., changes in employment status, family illnesses, etc.). Families may submit a letter of explanation attached to the application. Applications will be evaluated and based on the need of the family as determined by the CRYHA Executive Committee.

**Policy:** It is the policy of CRYHA to provide financial assistance in an objective, fair, and responsible manner. Financial assistance is limited to funds determined during the CRYHA budgeting process and families may be awarded a maximum of 50% of the season's costs.

### **Requirements:**

1. Financial assistance funds will be utilized for season costs only, as determined by the CRYHA Player Payment Policy (traveling or mite A/B/U8).
2. All information on the application must be true and accurate and will be kept confidential. Financial Assistance funds are legally recoverable if awarded based on false information supplied by the applicant and will nullify the request for assistance.
3. The CRYHA Executive Committee shall serve as agents for the association to determine eligibility and funding assistance.
4. All financial assistance applications will be reviewed if received by the established due date. Funding is limited to established yearly budgets of the association. CRYHA reserves the right to approve partial funding or deny the applicant's request.
5. Any players at levels which are already subsidized by CRYHA are not eligible for financial assistance.
6. The CRYHA Executive Committee shall annually, or more frequently as requested by the CRYHA Board of Directors, provide a monetary statement of approved financial assistance (members names will be withheld from the statement).
7. An application must be completed every time a request for financial assistance is made. Granting assistance does not ensure continued approval for succeeding seasons.
8. Season and year are defined as the CRYHA Hockey Season and coincide with CRYHA fiscal year July 1 – June 30. Requests for CRYHA events outside the hockey season (PTO, STP) will be evaluated by the Executive Committee on a case-by-case basis.
9. Financial assistance recipients are not eligible for CRYHA financial assistance in a subsequent year if they have not met their obligations in prior years including payment of their season costs (if applicable) and fulfillment of their volunteer hours.



## COON RAPIDS YOUTH HOCKEY FINANCIAL ASSISTANCE APPLICATION

	Application Deadline	Decision By
Traveling	October 1	October 15
Mite A/B/U8	November 5	November 15

Parent/Guardian's Full Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_

Any player requesting financial assistance must provide proof of current enrollment District Educational Benefits Program (formerly the free/reduced lunch assistance) or other proof of low income, i.e. Medical Assistance.

PLEASE ATTACH PROOF OF ENROLLMENT TO THIS APPLICATION.

The amount of the scholarship will depend on the number of applicants and monies available.

- I acknowledge that the information contained on this application is accurate and correct. I hereby give permission to CRYHA to verify this information. I understand that if any information on this application is found to be incorrect, my privilege of applying for financial assistance will be denied.
- I acknowledge that completing this application and providing proof of enrollment in the District Educational Benefits Program (formerly the free/reduced lunch assistance) or other proof of low income, i.e. Medical Assistance, does not guarantee financial assistance will be granted by CRYHA.
- I acknowledge that CRYHA uses private and sensitive information to determine what scholarships (if any) will be awarded. I will respect this privacy by using discretion and not share information regarding the application and/or awards.

Signature of Parent/Guardian Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For CRYHA Use Only

Approved                  Denied

Amount Approved: \$ \_\_\_\_\_ Reason for Approval/Denial: \_\_\_\_\_