



Highland Park Giants Hockey Association Financial Assistance Process

- During Budget Process
 - Budget for Financial Assistance will be added to budgeting process.
 - Financial Assistance budget will equal 1/3 of current funds in Financial Assistance Account.
- During Registration
 - Incoming (new) Players and past Financial Assistance applicants notified of Financial Assistance process and will be responsible for providing a \$500 deposit as part of their Fall Season registration.
- June 1
 - Budget for Financial Assistance approved by board.
 - Budget delivered to Cole, Martin (Jill Mandel) after board approval.
- July 7
 - All Financial Assistance Applications and \$500 deposits are due from the applicants.
 - Financial information for both parents is now required if the parents are no longer together.
 - Specific financial assistant amounts are required to be requested by the applicant.
 - For specific hardships experienced by members after this deadline, the Financial Assistance Committee may provide an exception and a modified deadline.
- July 7 - 21
 - Cole, Martin review of applications and follow-ups for completeness.
- July 15
 - Cole, Martin will identify number of applicants and confirm budget with Financial Assistance Committee.
 - Financial Assistance Committee will provide Cole, Martin with Tryout Dates.
- Prior to Tryouts
 - Cole, Martin will review applications and submit recommended Financial Assistance Awards to Financial Assistance Committee.
 - Financial Assistance Committee, in consultation with Cole, Martin, will make final determination of Financial Assistance to be provided per applicant. The decision for the actual amount per applicant is at the sole discretion of the Financial Assistance committee.
 - Each applicant will be notified of the amount of financial assistance approved for them.
 - Those applicants not receiving the full amount requested, may withdraw their Fall Season registration prior to tryouts and will receive a full refund of the \$500 deposit.
 - Those applicants that have not withdrawn their Fall Season registration will have the \$500 deposit applied to their remaining fees due after applying the financial assistance approved for them. If any amount remains of the deposit, it will be refunded to the applicant.



Highland Park Giants Hockey Association Financial Assistance Application

Complete and return this form by July 7 to our accounting firm to maintain confidentiality:

Cole, Martin & Co., Ltd.
Attn: Jill Mandel
1543 Barclay Blvd.
Buffalo Grove, IL 60089

***** IMPORTANT *****

Financial Assistance is available to members with a demonstrated need to assist with the payment of Fall Season Hockey Fees. Financial Assistance is not available for equipment fees, varsity surcharges, travel costs, spring fees or any other hockey related expenses.

In order to be considered for financial assistance, the following financial information must be returned with this application before the Fall Season registration closes. Additionally, if the players parents are divorced or the filing status for the tax return is Married Filing Separate, both parents/guardians must individually complete the application and provide the requested supporting documentation along with a \$500 deposit applied toward fees by the deadline in order to be considered for financial assistance. **Please only send photocopies of requested documentation.** If you have questions regarding the completion of this application, please contact Jill Mandel at 847-921-4224.

All information provided will be maintained confidentially by Cole, Martin & Co., Ltd. A certified public accountant will review your application and his/her recommendation will contribute to the decision of what level of financial aid will be granted. The representative from Cole, Martin will notify the Highland Park Giants Hockey Association's Financial Assistance Committee. Specific information will not be shared verbally or in writing with the members of the Highland Park Hockey Board, beyond the Financial Assistance Committee of the Highland Park Giants. In addition, this information will not be sent to or reviewed by any financial institutions or other outside parties.

Please provide photocopies of the following information:

- Most recent three months of pay stubs or government assistance programs for all household members
- Copies of the last 3 months of any banking or investments listed below
- Copies of the last statement of any liability listed below (mortgage, car, etc)
- Most current W2 from previous tax year
- Last year's federal tax return, including schedules
- Copy of health insurance card for player
- If you or the hockey player are enrolled in a government assistance program or other qualifying program, please provide a copy of your documentation. The qualifying programs are listed below:
 - Government Issued Unemployment Compensation
 - Medicaid or Supplemental Security Income (SSI)
 - Homeowners in foreclosure
 - Persons receiving worker's compensation income benefits.
 - Low income home energy assistance program (LIHEAP)
 - Federal Public Housing/ Section 8
 - Food Stamps
 - Supported by and living with grandparents (Review of financial profile will determine need)
 - Participants in the Temporary Assistance for Needy Families (TANF) program administered by the U.S. Department of Health and Human Services.
 - Participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - Persons who have claimed the Earned Income Tax Credit (EIC) on their state or federal income tax returns in the current year

Please complete the application on the following page and submit photocopies of your supporting documentation by July 7th.



**Highland Park Giants Hockey Association
Financial Assistance Application**

Player's Name: _____

Player's Home Address: _____

Financial Assistance Amount Requested: \$ _____

The following is a statement of

- Individual Financial Condition
- Joint Financial Condition
- Trust

Y/N I/we have established a trust

Include the income/expenses/assets & liabilities held in trust if a trust has been established

	Parent/Guardian 1	Parent/Guardian 2
Name		
Address		
City, State, Zip Code		
Telephone		
Married, Separated, Unmarried (including Single, Divorced, Widowed)		
Total Number of Dependents		
Number of Dependents in College		
Employer Name		
Employer Address		
Position		
How Long?		

Has your employment situation changed recently? If so, please explain

Please Provide Annual Amounts in the Income and Expense Sections

	Parent/Guardian 1	Parent/Guardian 2
INCOME		
Salary		
Bonus / Commissions		
Gross Rental Income		
Partnership, Schedule C (self-employment) and other K-1 Income		
Investment Income (Div, Interest, Capital Gains, etc.)		
Alimony Received		
Child Support Received		
Maintenance Income		
Other Income (describe)		
TOTAL Income		

	Parent/Guardian 1	Parent/Guardian 2
EXPENSES		
Income Taxes		
Real Estate Payments		
Rent/Lease Payments		
Other Rental/Property Expenses		
Property Taxes		
Alimony/Child Support Payments		
Revolving Credit Loan Payments		
Other Installment Loans Payments		
College or Education Expenses		
Other Expenses (describe)		
TOTAL Expenses		

Describe any anticipated material changes in income or expenditures in the next twelve months:

Describe any other extenuating circumstances that may affect your financial situation:

Assets & Liabilities (as of most recent statement):

(Please provide copies of last 3 statements)

Assets	Parent 1	Parent 2	Liabilities	Parent 1	Parent 2
Checking			Income Taxes Payable		
Savings			Revolving Credit & Installment Loans		
Marketable Securities			Auto Loan		
Cash Surrender / Life Insurance			Loans on Life Insurance		
Retirement Accounts			Real Estate Loans		
Net Worth of Business Owned			Other Liabilities (describe)		
Residence-Home Equity					
Market Value of Trust Assets					
Other Assets (describe)					

Are any assets owned by a trust

Y/N

If yes, provide copy of trust agreement

Highland Park Giants Hockey reserves the right to deny financial assistance for any reason and is not required to disclose information as to the decisions or reasoning as it applies to the financial assistance process.

I/we hereby warrant that this financial statement is complete and correct as of the date prepared and fairly represents my/our financial condition. I/we will promptly notify the Giants Hockey Finance Assistance Committee of any material changes.

Parent/Guardian 1 Signature (required)

Date

Parent/Guardian 2 Signature (required)

Date