

# Mahtomedi Youth Hockey Association

## FINANCIAL AID APPLICATION

MYHA offers a limited amount of Financial Aid for hockey fees each season based on demonstrated need. The MYHA Financial Aid Committee (Association President, Vice President and Treasurer) reviews for approval all applications submitted to the President of the Association. All application information is kept 100% confidential.

If your application is not approved, the Association Treasurer can work with you on optional installment payment plans beyond the 5 installment plan offered through registration.

You will be notified within one week of submitting an application if your request is granted.

### REQUIREMENT CHECKLIST FOR ELIGIBILITY

1. Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered.
2. Applicant must submit previous year's tax return with application.
3. All applications are due by July 31<sup>st</sup> of the current season. Applications received after this will only be considered if funds remain within the budget.
4. Parent/Guardian must complete volunteer requirement, may not opt out for a fee.

### FINANCIAL AID PRIORITY WILL BE GIVEN TO ELIGIBLE CHILDREN MEETING ONE OR MORE OF THE CRITERIA BELOW:

1. Member of a multi - child family and/or Living in a single parent home.
2. Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. (Must provide written documentation of participation in these programs to receive priority status)
3. Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives. (Must provide to receive priority status)

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Please complete the following information, one application per child:

YEAR \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Athlete Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Lives with: ( ) Both Parents ( ) Mother ( ) Father ( ) Other

Amount of scholarship requested: ( ) Maximum of 25% ( ) 10% ( ) Other \$ \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Total Household Annual Income : \$ \_\_\_\_\_ Own Home (Circle) Yes No

Father/Guardian Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E - mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Has the family ever received MYHA Financial Aid? ( ) Yes ( ) No

If Yes, Year \_\_\_\_\_

Does your player or any other children play on AAA/Select hockey teams in the off-season?

If so, what program? \_\_\_\_\_ Are you given aid for this program? \_\_\_\_\_

Additional information may be necessary for approval of this application. I certify that all of The information on this form is true and correct and that I will comply with each of the "Requirement Checklist for Eligibility" items listed on the Application Instructions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date