



**Payment Plan Application**

**\*\*\*DUE BY MAY 15\*\*\***

The Gulls recognize the high financial commitments of hockey and the stress that can put on families. The Gulls can offer payment extension to those families with multiple players and/or extenuating circumstances.

**Terms of payment plan are as follow:**

- 1) Completed application must be scanned/emailed to [ADMIN@LIGULLS.ORG](mailto:ADMIN@LIGULLS.ORG) no later than MAY 15; the original must be mailed to: Gulls Amateur Hockey Association PO BOX 286 Jericho, NY 11753
- 2) Commitment Fee of 25% must be paid.
- 3) Families must provide financial information as requested by the Gulls Amateur Hockey Organization.
- 4) Team Fees, travel, and equipment fees are not included in payment plan assistance. Teams will be participating in sponsorships and fundraisers to help defer these costs.
- 5) Families will be notified of payment plan granted before the June 15<sup>th</sup> (1<sup>st</sup> installment) is due.

Player Name / Team (list all Gulls players):

Parent Name(s):

Description of financial situation demonstrating need of alternate payment plan :

Please select the payment plan you are seeking:

Payment Plan #1: 4 Payments- every other month	Payment Plan #2: 6 Payments- once a month
Installment 1: June 15 <sup>th</sup> Installment 2: August 15 <sup>th</sup> Installment 3: October 15 <sup>th</sup> Installment 4: December 15 <sup>th</sup>	Installment 1: June 15 <sup>th</sup> Installment 2: July 15 <sup>th</sup> Installment 3: August 15 <sup>th</sup> Installment 4: September 15 <sup>th</sup> Installment 5: October 15 <sup>th</sup> Installment 6: November 15 <sup>th</sup>

*Under penalty of perjury, I declare the foregoing is true and correct. By submitting this application, I recognize that the determination to award payment plan assistance is the sole discretion of the Gulls Amateur Hockey Association and that I may be asked to supply documentation, including tax returns.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Tuition Assistance Application**

**\*\*\*DUE BY MAY 15\*\*\***

The Gulls recognize the high financial commitments of hockey and the stress that can put on families. The Gulls can offer some tuition assistance based on need. Please note that tuition assistance of previous seasons is not automatically applied each year and the amount/terms will vary year to year.

**Terms of financial assistance are as follow:**

- 1) Completed application must be scanned/emailed to [ADMIN@LIGULLS.ORG](mailto:ADMIN@LIGULLS.ORG) no later than MAY 15; the original must be mailed to: Gulls Amateur Hockey Association PO BOX 286 Jericho, NY 11753
- 2) Commitment Fee of 25% must be paid.
- 3) Families must provide financial information as requested by the Gulls Amateur Hockey Organization
- 4) Tuition assistance will be granted in terms of the remaining payment installments- families will be offered a deduction of 1, 2, 3, or 4 reduced payment installments (after the Commitment Fee is paid)
- 5) Team Fees, travel, and equipment fees are not included in tuition assistance. Teams will be participating in sponsorships and fundraisers to help defer these costs.
- 6) Families will be notified of tuition assistance granted before the June 15<sup>th</sup> (1<sup>st</sup> installment) is due.

Player Name / Team (list all Gulls players):

Parent Name(s):

Family Members (Name, Age):

Description of financial situation demonstrating need of assistance:

Household income (2017 & 2018 anticipated):

Tuition Assistance Amount Requested:

*Under penalty of perjury, I declare the foregoing is true and correct. By submitting this application, I recognize that the determination to award assistance is the sole discretion of the Gulls Amateur Hockey Association and that I may be asked to supply documentation, including tax returns.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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