

**FINANCIAL ASSISTANCE APPLICATION
MCYHA**

Date: _____

Family Name _____

Skater's Name _____

How many people in your family _____ Adults _____ Children _____ (under 18)

Level of Skater _____

Number of skaters involved in hockey from your family _____

Amount of assistance requested _____

Your total family yearly income _____

Explain any special needs of circumstances in your family _____

Are you as a parent or skater willing to work some extra volunteer hours? Yes/no

Are you willing if necessary to furnish your w-2 tax form and discuss your financial situation with a committee in private? Yes/no

Please have your skater answer these two questions (please feel free to use the back side of this sheet or attach a separate sheet of paper).

1) What do you like about hockey?

2) What two things would you like to accomplish or achieve in playing hockey this year?

****This application will be reviewed by the executive committee and will be held confidential.**