

SIBLEY AREA YOUTH HOCKEY ASSOCIATION FINANCIAL ASSISTANCE APPLICATION

(Use separate application for each child in family)

PLAYER NAME _____ **LEVEL** _____

PLAYER ADDRESS _____

HOME PHONE _____

PARENT/GUARDIAN INFORMATION:

Mother's Name & Address _____

Home Phone _____ **cell phone** _____

Work Phone _____ **E-Mail Address** _____

Father's Name & Address _____

Home Phone _____ **cell phone** _____

Work Phone _____ **E-Mail Address** _____

HAVE YOU RECEIVED FINANCIAL ASSISTANCE FROM SAYHA IN PREVIOUS YEARS? _____ **If so, when?** _____

TYPE OF FINANCIAL ASSISTANCE REQUESTED:

___ Payment plan

___ Partial Assistance

___ Full Assistance

DO YOU QUALIFY FOR AFDC, SCHOOL LUNCH, OR FOOD STAMPS? _____

IF YES, WHICH ONES? _____

DID YOUR CHILD PARTICIPATE IN OFF-SEASON HOCKEY PROGRAMS? _____

IF YES, WHICH? _____

EXPLAIN WHY ASSISTANCE IS NEEDED: (Use back of form, if necessary).

RETURN TO:

Sibley Area Youth Hockey Association (SAYHA)
1670 South Robert Street, P.O Box 291, West St. Paul, MN 55118

Or via e-mail to: sayhacommunications@gmail.com