

Cottage Grove Hockey Association

Financial Assistance Program

Cottage Grove Hockey Association (CGHA) seeks to assist people who have financial limitations. Financial assistance funds are allowed from the CGHA operating budget. The amount of assistance awarded to any one individual/family may be limited to serve the greatest number of applicants with the resources available; thus, the amounts awarded will vary based on the number of applicants who demonstrate financial need and will likely range from \$200 - \$500 per player. There will also be a maximum amount award per family of \$1,000.

- Financial assistance is not guaranteed to any individual/family.
- Financial assistance is granted for one season and does not apply to CGHA off-season training programs. A new application is needed for each year that assistance is requested.
- Financial Assistance is designed to help families get through periods of financial stress. It is not designed to be an annual subsidy and will be limited to a maximum 2 years per family.
- Families receiving financial assistance will be required to provide volunteer hours. These volunteer hours will be in addition to the annual volunteer hour requirement of CGHA members. The number of hours will vary based on the amount of assistance received and will be formally documented between the family and CGHA Financial Assistance Committee. All information gathered will remain confidential with limited access only by members of the financial assistance program committee, which consist of the current CGHA Budget Director, President and one other current CGHA Board member as appointed by the current CGHA President. At no time will anyone else have access to individual identifying information.

ELIGIBILITY

1. Applicants must reside within the CGHA boundary cities of Cottage Grove, St. Paul Park or Grey Cloud Township. Assistance will be granted based on financial need. All assistance is confidential.
2. Each application is active for one season and does not apply to CGHA off-season training programs. A new application will be needed for each year that assistance is requested.

Personal Information

Name _____ Social Security # _____
Street Address: _____ City _____ Zip _____
Home Phone: _____ Work Phone _____ Cell Phone _____
Email Address _____
Employer _____ Employer Phone _____
Marital Status (circle one) Single Married Separated Divorced Widowed
Spouse/Partners Name _____ Social Security # _____
Street Address: _____ City _____ Zip _____
Home Phone: _____ Work Phone _____ Cell Phone _____
Email Address _____
Employer _____ Employer Phone _____

Dependents Living In Household: *If you have more dependents use reverse side*

Name: _____ M/F Grade _____ School _____
Name: _____ M/F Grade _____ School _____

Financial Information*

* A copy of your most recent federal income tax return will need to be provided along with this application.

LIVING EXPENSES:

Rent / Mortgage:	\$ _____
Utilities (Electric/Water/Gas/Sewage)	\$ _____
Telephone:	\$ _____
Automobile Payment:	\$ _____
Automobile Insurance:	\$ _____
Transportation Cost (Fuel/Maintenance):	\$ _____
Financial Information (continued)	
Insurance (Life/Health):	\$ _____
Mental/Dental (Not Covered by Insurance):	\$ _____
Tuition or College Loan:	\$ _____
Credit Cards/Loans (Please List):	\$ _____
Child/Spousal Support:	\$ _____
Other Expenses:	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____

MONTHLY INCOME (Documentation may be required):

Total Household Gross Income (Before Taxes):	\$ _____
Investment Generated Income:	\$ _____
Unemployment:	\$ _____
Child Spousal Support:	\$ _____
Disability/Worker's Compensation:	\$ _____
Social Security:	\$ _____
Pensions, Etc:	\$ _____
All Other (Tips/Scholarships/Etc.):	\$ _____
TOTAL MONTHLY INCOME:	\$ _____

I have applied for other hockey grants/scholarships available: Yes No

If so, please list and provide application outcome: _____

Please list and document any special circumstances that contributes to your request for financial assistance (i.e.: family illness/death; unemployment; etc.). Use additional sheets if necessary.

Please list the number of children in your household participating in Cottage Grove Hockey and the number of years you have participated in CGHA.

Please describe your involvement in the Cottage Grove community including volunteer activities, participation in other youth sports activities in the CGAA. Use additional sheets if necessary. *(Annual member volunteer hour requirements set forth by CGHA or other associations does not apply. Hours volunteered over and above your required hours can be used).*

I declare all the information given on this application is accurate to the best of my knowledge. I can and will provide any and all documentation as needed including income verification. If any part of this application is found to be inaccurate, and that I had knowledge of the inaccuracies, the application will be denied and I may be required to refund any monies granted to me.

Applicant Signature _____ Date _____

Office Use Only:

DENIED _____ ACCEPTED _____

Additional Information/ Documentation needed: _____

CGHA President Signature _____ Date _____