



Gillette Hockey Association
PO Box 3661
Gillette, WY 82717

FINANCIAL HARDSHIP PROGRAM GUIDELINE

SECTION 1: FINANCIAL HARDSHIP PROGRAM

The purpose of the GHA Financial Hardship Program also known as the GHA Scholarship Program is to assist deserving families in meeting the financial requirements of participating on a GHA hockey team when that family is unable to meet the full obligation due to financial hardship.

Availability of scholarships will be dependent on available GHA funds and will be limited to a partial scholarship per family for a particular season. Scholarships will not be available to those who are participating in other travel/select programs. Scholarship funds may be specifically identified for this purpose from available budget with GHA board approval and may be collected by fundraising for this purpose or through corporate or individual donations.

11.1 Privacy and Confidentiality:

In order to determine the need and make scholarship funds available in the most equitable and fair manner, it is necessary to collect certain financial and personal information. This is done on the application form itself, which is made available to the GHA Board only for the purposes of evaluating scholarship availability.

Information collected is not emailed and is not shared outside the Board. It is the Board's intention to keep the process as confidential and discreet as possible.

11.2 Procedure:

1. Families seeking scholarship assistance must submit an application form by July 31st to be considered by the August meeting.
2. Applications should be emailed to the board President and Vice President at: president@gillettehockeyassociation.com
3. All scholarship applications will be reviewed and acted upon at the next regularly scheduled board meeting. Interviews or requests for additional information may be made by the GHA President.
4. Hardship applications for which awards are made will be kept in the Secretary's records for the duration of the season; all other hardship applications which are not granted or funded will be destroyed.
5. If a hardship is granted, an individualized discount code will be emailed for use in the online registration system.
6. The Board is not obligated to distribute scholarship funds equally, and is not obligated to apply all available scholarship funds in a given year.



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7. All decisions by the Board are final and not subject to review.
8. In the event a hardship arises during the course of the season or a first-time player signs up past the deadline, a family may fill out an application form and submit it to the Board for consideration.

11.3 Responsibilities:

1. Volunteerism is an important component of the program. All approved applicants will be required to volunteer (20) hours. The player and their family will be required to complete all volunteer duties assigned to them by their team managers for home and away games. (Girls, 14U, and 18U players can trade officiating time if they are USA Hockey certified.)
2. The player will be expected to remain in good academic standing. HS-aged players that are ineligible at any point in the season will be asked to come before the Board and explain the circumstances and plan of action to raise their grades.
3. The player must demonstrate dedication through consistent attendance at team practices and games and exhibit positive sportsmanship.

It is a privilege to receive financial assistance and therefore inappropriate behavior, or violation of the responsibilities above could result in removal from the team, the family being required to pay back the scholarship amount, or forfeiture of awards in future seasons.



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Application

Financial Hardship Program Application Date ____/____/____

Player Name _____

DOB ____/____/____

Team level _____

First Year player Yes ☐ No ☐ School _____ Grade _____

Previous scholarship(s) awarded Yes ☐ No ☐ Current or prior year GPA _____

***Please attach a copy of the most recent report card.

Father's Name _____

Phone number _____

Mother's Name _____

Phone number _____

Mailing Address _____

Email address _____

What amount of assistance are you requesting? \$ _____

Does the player live in a single parent household? Yes ☐ No ☐

How many siblings live in the household? _____ How many of those play hockey? _____

Please indicate which of the following situations apply:

☐ Unemployment

☐ Medical/Disability

☐ Lack of income

☐ Other _____

(Additional evidence such as tax returns, pay stubs, unemployment documentation, etc. may be requested at a later time, but need not be submitted with the initial application.)

Employment Status:

Father ☐ Full time ☐ Part time ☐ Unemployed

Monthly income \$ _____

Mother ☐ Full time ☐ Part time ☐ Unemployed

Monthly income \$ _____



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Does the player have a job? Yes ☐ No ☐ Employer _____ Hours/ week _____

Monthly income _____

How many years has the player been playing hockey? _____ with GHA? _____

Does the player play on select or other travel teams? Yes ☐ No ☐ If yes, which team(s)

The player (not the parent) must write a letter to the Board explaining what hockey means to them and how playing has/will impact their life. (typed or handwritten) Attach to application.

I, _____ understand and agree to abide by all GHA policies and rules, as well as the Financial Hardship Guidelines set forth in this application. I attest that the information on the above application is accurate and true to the best of my knowledge.

I have included the following:

- ☐ Completed and signed application
- ☐ Copy of most recent report card
- ☐ Player letter

I understand and agree to follow these guidelines:

Initial each of the following

- _____ All decisions by the Board are final and not subject to review.
- _____ The player and their family will be required to complete an additional volunteer time.
- _____ The player is expected to remain in good academic standing.
- _____ The player is expected to consistently attend practices and exhibit good sportsmanship.
- _____ I understand that I may be asked to provide documentation verifying financial status.

Parent Signature _____

Date ____/____/____

Player Signature _____

Date ____/____/____