



**HUDSON HOCKEY ASSOCIATION
FINANCIAL ASSISTANCE APPLICATION**

Name of Parent or Guardian

Address

City

State

Zip

Home Phone

Work Phone

Email Address

1. Name(s) and skating level of child/children for whom aid is being requested:

Name

Level

Name

Level

Name

Level

Name

Level

2. Request: Partial
 Assistance Full
 Assistance

3. Do you qualify for other
types of financial
assistance? Yes
 No

4. If Yes, list types of assistance (AFDC, food stamps, school lunch, etc):

5. If No, please complete the following information:

Household Size _____ Total Household Income* _____
(*attach the first page of previous year Federal Tax Return)

6. Did your child/children participate in off-season hockey programs ?

Yes _____ No _____

If Yes, which ones?

7. Are there extenuating circumstances that should be considered? (Use back of form if necessary)

8. Have you fulfilled all your volunteer hours in past seasons? Yes _____ No _____

Financial assistance is only for this season's registration fees - equipment, tournaments, tryout fees, clinics, USA Hockey registration fee, fundraising expenses, volunteer obligations and travel expenses are not covered.

Allocation of assistance may vary based on the number of applicants.

I hereby certify that all of the above information is true and correct.

Parent or Guardian

Date

Place form in the Treasurer's box or mail form to: HHA Treasurer, 1820 Hanley Road, Hudson WI 54016 Mark sealed envelope as "CONFIDENTIAL"