



**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 \_\_\_\_\_ Yes  
types of financial  
assistance? \_\_\_\_\_ 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"