

## **Sabre Hockey Association**

### **Lori Maly Fund Assistance Application**

We understand that unexpected hardships – such as job loss, illness, divorce, or the death of a loved one – can place a sudden financial burden on families. To ensure that every child has the opportunity to continue playing hockey during difficult times, we are offering assistance with hockey fees for families experiencing temporary hardship. If your family is in need of support, please don't hesitate to submit an application.

The Lori Maly Fund is designed to help families through short-term periods of financial stress caused by hardships, and to offset a portion of a player's fees when funding is available. It is not designed as an annual subsidy. This fund is not intended for families who would otherwise not be capable of financing their children's hockey.

#### **Eligibility**

Members not currently in good standing with regard to past due balances or non-compliance with current policies are not eligible for hardship assistance except with approval of the Executive Committee. Players who intend to double roster during the Fall season are ineligible for fee relief. Grants are awarded for the Fall season only.

Assistance will be considered and granted based on the following criteria:

- Availability of Funds
- Special personal circumstances of the parents/guardians
- Financial need of the parents/guardian

Not everyone who applies will be granted assistance. The Lori Maly Fund does not grant awards based on talent. Each player receiving assistance must also demonstrate dedication through consistent attendance at team practices and games and exhibit positive sportsmanship.

#### **Process**

Applications should either be submitted via email to [LoriMaly@sabrehockey.com](mailto:LoriMaly@sabrehockey.com) or mail to:

**PO Box 9512, Naperville, Illinois 60567**

Applications are reviewed by the Lori Maly Fund Committee. The applications are directed to the Treasurer. Personal information (names, addresses, phone numbers, etc...) will be removed from the application prior to Committee review. Grant recipients will be notified via email and the assistance will be credited to the skater's fees in Crossbar. All assistance recipient names will remain confidential. Receipt of a grant does not guarantee placement in the hockey program.

Along with the application, the following items should be submitted:

- Copy of the most recent Federal Tax Form (1040), first page only
- Copies of the 2 most recent pay stubs from each parent or guardian. Year to date earnings must be included.

# SABRE HOCKEY ASSOCIATION – LORI MALY FUND APPLICATION

## Application

Player Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

What program is your child registered  
for: \_\_\_\_\_

### Mother/Guardian Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

### Father/Guardian Information:

The above parents/guardians are:

Married to each other

Divorced or legally separated

If divorced or legally separated, which parent has primary  
custody? \_\_\_\_\_

Will non-custodial parent be sharing any cost of the player's  
expenses? \_\_\_\_\_

Number of family members in the  
household: \_\_\_\_\_

List ages of dependents: \_\_\_\_\_

Has your family experienced an unexpected financial hardship? \_\_\_\_\_

If yes, please briefly explain: (submit extra sheet if necessary)

Total amount you can pay toward the Fall fees? \_\_\_\_\_

I will not double roster my child for the season in which a grant is requested

## Initials

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Mother/Guardian

Signature

Date \_\_\_\_\_

## Father/Guardian