Dodge County Youth Hockey

Financial Assistance Application

Applicant Information

Mother's Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Father's Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Have you ever applied for financial assistance with DCYH before? YES ☐ NO ☐ If yes, when? _____

Type of Financial Assistance Requested? Payment Plan ☐ Partial Assistance ☐ Full Assistance ☐

Player Information

Player Name: _____ Player Level: _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Mother's Employment

Company: _____ Phone: _____

Address: _____ _____

Job Title: _____ Salary:$ _____ Hourly ☐ Yearly ☐

Employment Dates: _____ To: _____

Father's Employment

Company: _____ Phone: _____

Address: _____ _____

Job Title: _____ Salary:**$** _____ Hourly ☐ Yearly ☐

Employment Dates: _____ To: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to financial assistance, I understand that false or misleading information in my application may result in the request of the return of the financial assistance.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Please explain financial need at this present time:

_____

_____

_____

_____

Fill out form completely, included all required documentation, print, and turn into the DCYH Drop Box at the Dodge County Ice Arena BY **July 22, 2024**

INCOMPLETE APPLICATIONS AND APPLICATIONS NOT RECEIVED PRIOR TO ABOVE DATE WILL NOT BE PROCESSED