



MOUND WESTONKA HOCKEY ASSOCIATION  
FINANCIAL ASSISTANCE PROGRAM APPLICATION

**MUST BE SUBMITTED PRIOR TO PLAYER REGISTRATION**

**Applicant Information**

Parent / Guardian 1: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Address, City, ZIP \_\_\_\_\_

Parent / Guardian 2: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Address, City, ZIP \_\_\_\_\_

Assistance is being requested for the following child/children:

Player Name: \_\_\_\_\_ Age division\*: \_\_\_\_\_

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Player Name: \_\_\_\_\_ Age division\*: \_\_\_\_\_

*\*NOTES: Mite, 6U and 8U players do not qualify for financial assistance.*

Total Combined Parental Income: \$ \_\_\_\_\_

*Application must include proof of income to be considered for financial assistance  
Your application will NOT be considered if you have unpaid fees to MWA from prior year(s).*

Did your child/children participate in off-season hockey programs (AAA, MASH, etc.)?

Yes \_\_\_ No \_\_\_ If yes, what programs? \_\_\_\_\_

Has your family received financial assistance from MWA in prior years? Yes \_\_\_ No \_\_\_

If yes, what year(s) was assistance received? \_\_\_\_\_

