

Mid Fairfield Financial Assistance Application: 2025 – 2026 Season

At Mid Fairfield Youth Hockey, we believe every child who earns a spot on one of our teams should have the opportunity to play, regardless of financial circumstances. We understand the increasing costs of travel hockey and the financial challenges families may face.

To help support families in need, we have established a **Financial Assistance Program** to provide aid in the form of **modified payment plans, partial tuition scholarships, or other tuition policy exceptions**. All applications will be reviewed confidentially by a designated committee of the Board of Governors. Awards will be based on available funds and demonstrated financial need.

Application Process & Deadline

To be considered, all required documents must be completed and submitted by **April 15, 2025**, to:

MFYHAHockey@gmail.com

The **Board of Governors reserves the right to verify all information** provided in the application. All applications will be reviewed after the deadline, and **applicants will be notified by April 30, 2025**.

Required Documents

1. **Family Information** (included in the application)
2. **First two pages of the 2023 and 2024 Federal Form 1040 Tax Returns** for both parents (including divorced parents).

All information provided will be handled with the utmost confidentiality.

Please list all your children that are planning to participate in MFYHA during the 2024-2025 season:

NAME	2025-2026 TEAM	TUITION

MOTHER / GAURDIAN INFORMATION:

NAME:

ADDRESS:

PHONE #:

EMAIL:

FATHER / GUARDIAN INFORMATION:

NAME:

ADDRESS:

PHONE #:

EMAIL:

The parents/guardians listed above are: MARRIED / DIVORCED (circle one)

If divorced or legally separated, please indicate which parent has custody _____

Please provide the following financial information:

	MOTHER / GAURDIAN	FATHER / GUARDIAN	JOINT/COMBINED
CURRENT EMPLOYER			
2023 WAGES / SALRAY AND/OR SELF-EMPLOYMENT INCOME			
ANNUAL INCOME FROM CHILD SUPPORT OR ALIMONY			
OTHER INCOME ON AN ANNUAL BASIS			
DO YOU OWN OR RENT YOUR HOME?			
MONTHLY MORTGAGE OR RENT PAYMENTS			
DO YOU OWN A 2 ND HOME?			
DO YOU HAVE CHILDREN ATTENDING PRIVATE/PREP SCHOOL?			
ANNUAL TUITION PAYMENT TO PRIVATE/PREP SCHOOL			

Did your child participate in any off -season hockey programs, camps, tournaments (outside of MidFairfield)? YES / NO

If yes, please specify which programs, camps and fees paid:

Please indicate what type of financial assistance requested:

_____ Partial Scholarship (please specify amount requested off total tuition_____)

_____ Extended payment plan spread across _____ months.

Please provide any other information you would like us to consider (change in employment status, medical conditions, dependent parent, special needs children, etc.) while reviewing your application:

I / we certify that the above information is true and correct. I / we authorize the MFYHA Financial Assistance Committee to make whatever inquiries deemed necessary to verify the information provided (this form must be signed by all custodial parents / guardians).

Mother / Guardian _____ Date_____

Father / Guardian _____ Date_____

FOR FINANCIAL ASSISTANCE COMMITTEE USE ONLY

DATE _____

_____ APPROVED _____ NOT APPROVED

TOTAL TEAM TUITION _____

FINANCIAL ASSISTANCE AMOUNT _____

REMAINING BALANCE_____

AMOUNT OF MONTHLY INSTALLMENTS_____