



Mid Fairfield Youth Hockey Association

Financial Assistance Application Form

2025 – 2026 Season

Our mission is to provide an opportunity for every child selected for one of our teams to play in our program regardless of their family's ability to pay. The organization is sensitive to the rising costs associated with travel youth hockey and the challenging economic climate. As such, a formal Financial Assistance Program has been established to consider requests for financial aid. Applications for financial assistance will be reviewed by a small financial assistance committee consisting of members of the Board of Governors. The amount of funds available and the demonstrated need of the applicant will determine the amount of assistance granted. Financial assistance may include a modified or monthly payment plan, partial tuition scholarship, or other exceptions to the tuition policy. All information provided to MFYHA will be held in strict confidence by the financial assistance committee. Applicants with unpaid balances from prior seasons will NOT be considered for financial assistance for the 2025-2026 season.

Mid Fairfield CT Stars requires full player commitment to the team before the application for financial assistance will be considered. This includes payment of the first installment due at the time of player commitment.

To be considered for financial assistance, all documentation MUST be completed & received prior to May 1, 2025. Incomplete applications will not be considered. Completed applications can be emailed to MFCTStars@gmail.com or mailed to:

Mid Fairfield Youth Hockey Association
c/o Carolyn Holt
45 Greenfield Drive
Weston, CT 06883

Mid Fairfield Youth Hockey Association reserves the right to verify information requested on this form.

All Financial Assistance applications will be reviewed after the deadline, once all applications have been submitted. Applicants will be notified by June 1, 2025.

The following items MUST be submitted as part of the application process:

1. Family Information (form below)
2. First 2 pages of the 2023 and 2024 1040 Tax Forms of both parents (including divorced parents)

Please list all your children that are planning to participate in MFYHA during the 2025-26 season:

NAME	2025-26 TEAM	TUITION +TEAM FEE

Mother / Guardian InformationFather / Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Tel. No.: _____

Tel. No.: _____

Email: _____

Email: _____

The above parents/guardians are:

____ Married to each other ____ Divorced or legally separated

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

Please provide the following financial information:

	Mother / Guardian	Father/ Guardian	Joint/Combined
Current employer			
2024 wages, salary and/or self-employment income			
Annual income from child support and/or alimony			
Other income on an annual basis			
Do you own or rent your home?			
Monthly mortgage or rent payments			
Do you own a second 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? _____

If yes, please specify which program/camp and fee paid: _____

Please indicate what type of financial assistance requested:

_____Extended payment plan (monthly installments)

_____Partial Scholarship (please specify amount requested _____)

Mid Fairfield relies on parent volunteers to keep the program running. Volunteers are needed to assist with: Fundraising Efforts, Corporate Sponsorship, Team Scorekeeping. Which of these would you be able to assist with?

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

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

Father / Guardian

Date

Date