Escanaba Area Junior Hockey Association
Financial Assistance Policy and Qualification Guideline

The Escanaba Area Junior Hockey Association (EAJHA) principal objective is to support the development of youth ice hockey in the area through the development of players, coaches, and officials. The EAJHA is sensitive to the cost associated with ice hockey, including registration fees, ice time, equipment and travel expenses. The EAJHA maintains a family participation rate that is reviewed annually to help contain the costs for those with multiple participants in the association. This policy was developed to address the situation where youth would like to participate, but family does not have the means to meet the financial obligation of participation. The following policy and guidelines should be maintained strictly, however extenuating circumstances will be considered on a case-by-case basis.

Family Size	Annual Income
1	$28,953
2	$39,128
3	$49,303
4	$59,478
5	$69,653
6	$79,828
7	$90,003
8	$100,178
Each additional family member add:	$10,175

Each family will be responsible for the cost of fundraising raffle tickets associated with their player's level.

Each family will be responsible for a minimum of 20 hours of volunteer service to the association. This is in addition to the regular DIBS hours and must be completed by the family themselves. Examples of addition volunteer hours are coaching, off ice officiating, tournament support, working additional concession hours and working the box. You will need to record the hours with the association's registrar, please contact the registrar to start the process. Future financial aid may be denied if these requirements are not completed.

The EAJHA Board will not consider the additional fees associated with the A/AA teams when considering financial assistance applications.

Extenuating circumstances will be taken into consideration (unexpected medical expenses, loss of employment, disabilities, etc.)

Approval Process

Applications will be available by request and shall be mailed to the EAJHA Registrar no later than the September board meeting, the second Wednesday in September. Mid-season requests will be considered on a case-by-case basis.

The EAJHA Registrar will review applications; those meeting the above guidelines will be seen only by the Registrar.

Those with extenuating circumstances will be reviewed in a closed-door meeting prior to the second payment installment.

The EAJHA Board, upon review of the applications, will determine the level of aid that will be offered to each applicant according to the association's finances.

Reviewed applications will be returned to the EAJHA Registrar with the EAJHA Board's decisions, and the EAJHA Registrar will contact the applicants.

Escanaba Area Junior Hockey Association
Financial Assistance Application

Family Last Name _____

Father's Name _____ Yearly Income_____

Address _____

City_____ State_____ Zip_____

Daytime Phone _____ Evening Phone _____

Mother's Name _____ Yearly Income_____

Address _____

City_____ State_____ Zip_____

Daytime Phone _____ Evening Phone _____

Children Participating in EAJHA	Level of Play for Current Season (IP, Mite, Squirt, AA...)

A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX MUST BE ATTACHED, (Federal 1040, 1040EZ, pages 1 and 2), the document will be shredded once income is confirmed.

Total Family Participation Fee Obligation_____
Amount the Family is able to pay (must be filled in) _____
Amount of Assistance Requested_____
Other financial obligations or situations that the EAJHA should be aware of that may affect the ability to meet the participation obligations (e.g. medical bills or conditions, unemployment, college, divorce.) _____
In return for financial assistance, I/we agree to perform 20 hours of volunteer service to the EAJHA throughout the hockey season (please contact the registrar on the types of volunteer activities available). In the case of divorced or separated parents, each parent is responsible for half of the volunteer hours, if each is involved with the children/s hockey.

Authorization Signatures **Date**

Parent 1_____
Parent 2_____
EAJHA Registrar_____
Approved- yes / no Total amount of financial aid_____

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Mail completed Application to:
EAJHA Registrar
PO Box 150 Escanaba, MI 49829