

<u>PO Box 712</u> <u>Charlestown, Ma. 02129</u> WWW.CYHA.COM

CYHA Dues Assistance Fund INFORMATION for 2025-2026 Season

General Overview/Purpose

The CYHA Dues Assistance Fund has been created through CYHA's general operating fund and generous donations from private business and other community-focused benefactors. CYHA would like to particularly recognize Frankie's Friends whose generosity and partnership is a true reflection of the magnanimous character of the Charlestown community. Please visit our website to learn more about Frankie's Friends.

The general purpose of the program is to provide assistance to families living in Charlestown and others whose children currently participate or wish to participate in Charlestown Youth Hockey programs but may be unable to do so due to a lack of financial resources or other hardship.

Applicant Requirements

Any person applying for financial assistance through the CYHA Dues Assistance Fund should generally meet the following requirements:

- Be a Charlestown resident or have played in Charlestown Youth Hockey Association (CYHA) programs for more than one full season, including the previous season.
- Be a current member of CYHA in good standing at one of the following levels: Mite, Squirt, PeeWee, Bantam, Girls U10, Girls U12, Girls U14.
- <u>Fully</u> Complete and submit the CYHA Dues Assistance Fund application found at www.CYHA.com by the application deadline to be considered for a disbursement award from the Fund. You may also request an application by emailing mdoherty15@msn.com.
- Completely satisfy additional requirements for consideration as may be determined by the CYHA Board of Directors Executive Committee in conjunction with the primary designee of Frankie's Friends.
- Current members of CYHA Board of Directors and their immediate family members are generally not eligible for the Dues Assistance Fund.
- Notwithstanding, CYHA reserves the right, in its sole discretion, to waive one or more of the above Requirements when a disbursement is deemed to otherwise be consistent with the general purpose of the Dues Assistance program
- Fully completed applications for 2025-26 are due by October 15, 2025.

Disbursements

Disbursements from the CYHA Dues Assistance Fund may take a variety of forms. The general types of disbursements available from the Fund include, but are not limited to, the following:

- Full Disbursement A full disbursement would cover 100% of a player's dues for the current season. This is for unique circumstances and occurs infrequently.
- Partial Disbursement A partial disbursement would cover a portion of a player's dues for the current season. This is the most common form of assistance and generally ranges from 10% to 50% of annual dues.

• Hardship Disbursement - A hardship disbursement would be a "one-time" disbursement brought about by an unexpected hardship or other extraordinary circumstance.

All disbursements will be applied directly to balances currently owed to CYHA. If the member has paid all or a portion of their current season dues, any amounts above the total amount owed for the season will be refunded to the member. Consideration will be given to the general criteria noted below when reviewing an application. It is important to note that each application will be considered on a case-by-case basis due to the unique facts and circumstances each situation may present. For this reason, the following list is more of a general guideline and should not be considered all-inclusive:

- Does the applicant meet all the CYHA Dues Assistance Fund requirements?
- What are the nature and the severity of the hardships encountered by the applicant or the applicant's family?
- Can the severity of the hardship be verified with information provided through the Fund application or other means?
- Is additional information required?

Notwithstanding, CYHA reserves the right, in its sole discretion, to make disbursements outside of the application process in light of unique, extraordinary circumstances which come to its attention and when a disbursement is deemed to otherwise be consistent with the general purpose of the Dues Assistance program.

CYHA Dues Assistance Fund General Review Process

The following review process will generally be used when considering applications for disbursements or awards from the Dues Assistance Fund:

- The CYHA Treasurer and Frankie's Friends designee will review all submitted applications. If necessary, the
 review may include verifying the information provided on the applications, follow-up on any incomplete
 information and/or resolving any questions or issues related to the application. In addition, members of
 CYHA's Executive Committee (President, Vice President, Secretary and Treasurer) may be asked to provide
 guidance during the review process.
- Upon completion of the review process, the CYHA Treasurer in collaboration with the primary designee of Frankie's Friends will make all decisions related to the disbursement of funds.
- All applicants receiving a disbursement will be notified in writing or via email regarding the final disposition of their request for assistance.
- The CYHA Treasurer will be responsible for executing all disbursements from the CYHA Dues Assistance Fund.

The CYHA Board of Directors acknowledges that asking for assistance may be difficult for some members. We want to assure you that it is our intention that all information related to a submitted application will be kept confidential. Information will only be shared with the applicant, the primary designee of Frankie's Friends and the members of the CYHA Board of Directors Executive Committee, as applicable for reaching a decision about financial assistance.



CYHA Dues Assistance Program 2025-26 Season APPLICATION

ALL APPLICATIONS MUST BE SUBMITTED BY OCTOBER 15, 2025

SECTION 1 – PLAYER INFORMATION

Name of CYHA Player	NAME OF PARENT/GUARDIAN (Person submitting application)
Street Address of Player	City, State, Zip Code
Player's Date of Birth	How Many Seasons Has Player Been with CYHA?
List All Player's Hockey Team/s and (include club	Players 2024-25 CYHA Hockey team/s, e.g. Mite, Squirt,
hockey programs) for last 3 years	Peewee, Bantam, U10, U12, U14 Girls
Is Player rostered on another team/program other	Does player receive financial assistance from any other club
than CYHA, such as club hockey team for 2025-26? If	hockey team/program?
yes, list program & team designation.	
Is player playing other winter sports in addition to	Does player receive financial assistance from any other winter
hockey. If yes, list sport and program	sports team/program?

SECTION 2 – PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (person responsible for financial obligation)	Address, including Street, City, State and Zip Code	Home Phone, Mobile Phone & Email Address
Are You (Parent/Guardian) Cu	rrently Employed?	

<u>SECTION 3 – REFERENCES:</u> Please provide up to three (3) references below. Providing references is optional. References are not required and will not impact general review of this application.

NAME	CONTACT INFORMATION	RELATIONSHIP TO PLAYER
<u>1.</u>		
2.		
3.		

<u>CYHA FINANCIAL ASSISTANCE APPLICATION, PAGE 2</u>

PLEASE PROVIDE A BRIEF NARRATIVE DETAILING THE REASONS WHY A REQUEST FOR ASSISTANCE SHOULD BE CONSIDERED. PLEASE TYPE OR PRINT LEGIBLY. ATTACH A SEPARATE SHEET IF NECESSARY.		
Has player rece	eived financial assistance from CYHA in past seasons?	
	ement being sought (See description of disbursements in financial assistance information above):	
Partial	_FullHardship	
DATE:	SIGNATURE:	
Completed of	pigned applications must be postmarked or amailed by October 15, 2025	
•	ered. Email is preferred. Submit by U.S. Mail or email to the following:	
US Mail: C	Charlestown Youth Hockey	
	Association PO Box 712	
	Charlestown, MA 02129	
Email: n	ndoherty15@msn.com	

Please contact Melissa Doherty should you have any questions regarding the application process via email: mdoherty15@msn.com