

SAINT IGNATIUS HOCKEY CLUB

Financial Assistance Program Application

The Saint Ignatius Hockey Club is committed to making high school hockey an option to those wanting to play, and, thanks to the generosity of our community, is able to offer a reduced fee to families who may otherwise not be able to participate in our hockey programs due to financial hardship. The Club is a not-for-profit Illinois corporation and follows this policy for financial aid. All application forms and information submitted will be kept confidential with the Executive Committee. Because the Club is managed by parent volunteers (other than the Hockey Director and coaches), we ask that families who receive a discount in their fees participate in volunteer opportunities. Amounts awarded are within the discretion of the Committee using the following criteria:

- Availability of funds
- Demonstration of financial need of parent(s) and/or player
- Special personal circumstances of the parent(s) and/or player
- Financial assistance level provided by Saint Ignatius College Prep for tuition for the current academic year.

Please complete the attached form and submit at your earliest convenience to Nancy Temple via email at ntemple@kattentemple.com, or mailed or delivered to her office address at 33 North Dearborn Street, Suite 1800, Chicago, IL 60602. Call Nancy with any questions or concerns (773-294-1448).

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Player Name: _____

Parent/Guardian Name(s): _____

Primary Address: _____

Home Phone: _____

Cell Phone: _____

Amount of Award Requested: \$ _____

Has Saint Ignatius College Prep provided your family any financial assistance for tuition for the current academic year? _____. If yes, please describe the amount:

_____.

What areas would you consider volunteering in?

_____ Faculty Night

_____ Senior Night

_____ Home Game Services:

_____ Security

_____ Scoreboard

_____ Gamesheet

_____ Music

_____ Alumni Golf Outing

_____ Other (please describe – e.g., proposed services-in-kind, etc.): _____

Please describe your situation and any special circumstances for why financial assistance is requested. Please feel free to attach any financial documents that support your situation. The Club reserves the right to request supporting documents.

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I hereby apply for a Financial Assistance Award to go toward fees for the above listed player for the current regular hockey season. I understand that assistance is based on fund availability and on application criteria. I understand that any falsified information on this application will result in the forfeiture of awarded financial assistance and full fees must be paid. I understand that payment plans under the Financial Assistance Program must be adhered to after accepting an award and that members may be removed from the hockey program if payments are not timely received under the agreed-upon installment plan. I also understand that in return for my acceptance of a discounted fee, I will volunteer for the Club. I understand that applying for Financial Assistance does not automatically result in a discount in fees nor does receiving approval for aid guarantee that my child will be chosen for a team. I certify that the information included in this application is correct and true to the best of my knowledge.

Parent/Legal Guardian Signature _____ Date: _____

Parent/Legal Guardian Signature _____ Date: _____