



STMAYHA/NWC FINANCIAL ASSISTANCE APPLICATION

Applications due to [finance@stmayha.org](mailto:finance@stmayha.org) and [president@stmayha.org](mailto:president@stmayha.org) by 9/1

Name of Parent or Legal Guardian 1

Address City State Zip

Home Phone Phone Email

Name of Parent or Legal Guardian 2

Address City State Zip

Home Phone Phone Email

1. Names and skating level of children for whom assistance is being requested:

Name \_\_\_\_\_ Level \_\_\_\_\_

Name \_\_\_\_\_ Level \_\_\_\_\_

Name \_\_\_\_\_ Level \_\_\_\_\_

Name \_\_\_\_\_ Level \_\_\_\_\_

2. Request:

\_\_\_\_ Different Payment Plan

\_\_\_\_ Reduced Player Fees

3. Do you qualify for government financial assistance? \_\_\_\_ Yes \_\_\_\_ No

List types of assistance (ie. AFDC, food stamps, other government assistance)

4. Did your child participate in offseason hockey (AAA, FHIT, etc.): \_\_\_\_ Yes \_\_\_\_ No

If so, which ones: \_\_\_\_\_

5. Do you have a \$0.00 balance due with STMAYHA/NWC? \_\_\_\_ Yes \_\_\_\_ No

6. Are there any extenuating circumstances that should be considered:



## ST. MICHAEL-ALBERTVILLE YOUTH HOCKEY

I verify that all information listed above is accurate and understand that STMAYHA/NWC may verify the information above or ask for additional information that may include a 1040, or other tax or assistance program information. Should information with your social security number be requested, please black out your social security number prior to submission. I also understand an application for assistance does not guarantee acceptance into the STMAYHA/NWC Financial Assistance Program.

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Parent of Guardian Signature

Date

**\*ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**