

## **St. Louis Park Hockey Association (SLPHA) Financial Assistance Program**

The St. Louis Park Hockey Association (SLPHA) established a Financial Assistance Program to assist families in meeting their financial commitments for participating in the SLPHA's youth hockey programs. The program provides financial assistance to those who may find themselves in a difficult financial situation, which would otherwise prevent their children from participating in the SLPHA programs.

As part of its annual budget, SLPHA will determine a dollar amount that will be set aside for financial assistance. Funding for this program comes from the general operating fund at the direction of the SLPHA Board of Directors. Financial Assistance is granted on a per season basis and must be reapplied for each year. Financial Assistance is provided in the form of reduced SLPHA registration fees. The player's family is still responsible for any clinic fees, team fees, volunteer deposits, and Crossbar fees.

Preference will be given to those applicants whose families qualify for public assistance programs such as Food Stamps, EBT, Medical Assistance, School Lunch Subsidies or Unemployment Insurance.

In order to be considered for financial assistance, an application form must be completed and returned to SLPHA Treasurer prior to registration. Each application will be reviewed by the SLPHA Executive Committee. The acceptance of financial assistance will be determined before tryouts begin. Applicants may be asked to provide additional information or documentation during the review process. ALL APPLICATIONS AND INFORMATION WILL BE HELD IN COMPLETE CONFIDENCE.

Return Sign Application and Proof of Income To:  
St. Louis Park Hockey Association  
Attn: Treasurer  
5807 Excelsior Blvd  
St. Louis Park, MN 55416

# St. Louis Park Hockey Association (SLPHA)

## Financial Assistance Application

MUST BE SUBMITTED PRIOR TO REGISTRATION

Your application will NOT be considered if you have unpaid fees to SLPHA from prior years.

Parents/Guardian name:

Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child/Children for whom assistance is being requested:

Player Name: \_\_\_\_\_ Level of Play: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Player Name: \_\_\_\_\_ Level of Play: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Player Name: \_\_\_\_\_ Level of Play: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Player Name: \_\_\_\_\_ Level of Play: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Total Combined Parental Income: \_\_\_\_\_

(Application must include proof of income (W2, Pay Stub) to be considered for Financial Assistance)

Did your child/children participate in off-season hockey programs (AAA, 3x3, camps/clinics, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what programs? \_\_\_\_\_

Have you received Financial Assistance from SLPHA in prior years? Yes \_\_\_\_\_ No \_\_\_\_\_

Years that assistance was received: \_\_\_\_\_

Please explain why financial assistance is needed. Provide as much information as possible, use the back of this form if needed. It is SLPHA policy to give financial assistance preference to families that are currently receiving public assistance such as Food Stamps, EBT, Medical Assistance, School Lunch Subsidies or Unemployment Insurance.

ALL INFORMATION PROVIDED ON THIS FORM IS STRICTLY CONFIDENTIAL AND WILL ONLY BE REVIEWED BY THE FINANCE COMMITTEE CONSIDERING FINANCIAL ASSISTANCE APPLICATIONS.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

*I hereby certify that all of the above information is true and correct, and I understand SLPHA may verify the information on this application or ask for additional information. Providing false information will result in denial of financial assistance.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return Sign Application and Proof of Income To:  
St. Louis Park Hockey Association  
Attn: Treasurer  
5807 Excelsior Blvd  
St. Louis Park, MN 55416