



THE NH SELECTS
FINANCIAL ASSISTANCE APPLICATION
2025-2026 SEASON



All information submitted will be kept confidential

OPEN	ALL current NH Selects players in good standing* (*current on dues)
AMOUNT	Amount will be based on financial need
CRITERIA	The application and all supporting documentation MUST come from the legal and financially responsible parent, relative or legal guardian.
REQUIRES	<ol style="list-style-type: none">1) Complete NH Selects Financial Assistance Application2) Include a signed Copy of the 2023 & 2024 Federal Tax Return and a copy of the 2023 & 2024 W-2 form3) A copy of your current income status (i.e., copies of last three (3) months paystubs, or proof of self-employment income, unemployment, disability, social security or workers compensation benefit statements)4) Miscellaneous documentation to support facts5) Multi-player families only need to submit one copy of supporting documentation6) Player may not alternate or play with another organization
DEADLINE FOR PACKAGE TO BE RECEIVED	October 1, 2025 INCOMPLETE PACKAGES WILL NOT BE CONSIDERED Packages received after this date <u>WILL NOT</u> be considered
MAIL TO (One for each Player)	NH Selects Attention: Treasurer PO Box 393 Wolfeboro Fls, NH 03896
QUESTIONS	Email treasurer@nhselects.com
SPECIAL NOTE	All NH Selects players awarded financial assistance will be required to have the legal and financially responsible parent, relative or legal guardian sign and abide by the <u>NH Selects Agreement for Financial Assistance Award</u> . The Financial Assistance Agreement form is to be submitted no later than one week after the awarding of financial assistance or risk forfeiture of award.



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PLAYER'S NAME: _____

NH SELECTS TEAM _____ HOW MANY YEARS PLAYING? _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Have you received NH Selects financial assistance in prior years (Circle One): Yes No

How many years total have you received NH Selects financial assistance? _____

Mother's Name: _____ Father's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

Legal & Financially Responsible Parent/Guardian:

Name: _____ Social Security Number: _____

Player lives with (Circle One): Both Parents* Mother* Father* Other _____

TOTAL NUMBER IN FAMILY: _____

Please give names of family members and the ages of siblings, if any.

Sibling _____ Age _____ Plays travel ice hockey YES NO

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Sibling _____ Age _____ Plays travel ice hockey YES NO

Sibling _____ Age _____ Plays travel ice hockey YES NO

Other _____

APPROXIMATE COMBINED ANNUAL HOUSEHOLD INCOME: _____

Any application that shows a single or combined income level at or below \$35,000/yr. MUST also provide a detailed written explanation as to how the player's financial obligations will be met, knowing that any NH Selects financial assistance award will cover only a small fraction of the total season fee/club dues.

SPECIAL CIRCUMSTANCES OPTIONAL ESSAY TO BE ANSWERED BY PARENT/GUARDIAN

Are there any special circumstances that are affecting your financial situation that the scholarship committee should consider, for example significant change in income, loss of a job or special needs in the family? (Documentation will be required for this essay, payroll stubs, medical bills, etc.)

We certify that the information provided here in this application and that all supporting documentation is true and accurate. Any discrepancies will be grounds for denial of financial assistance or the financial assistance monies may be rescinded.

Legal Parent/Guardian Signature: _____ Date _____

Legal Parent/Guardian Signature: _____ Date _____