



FINANCIAL AID APPLICATION

The following is the financial aid application that must be filled out completely in order for the FYHA financial aid committee to consider your request for aid. We realize that the completion of a form such as this may be difficult for you to do but in order for the committee to understand your needs and situation we must get the information.

Please see FYHA Player Fund in the FYHA Handbook for further details. All forms should be emailed to the Treasurer at melissa.carey@farmingtonhockey.org

Personal information

Name

Address

Email

Phone

Players: Please list player name and level of play that you are requesting aid.

Reason for requesting aid: Please explain your need for financial aid.

Number of People living in household?

Adjusted Gross Income per previous years tax filling:

Monthly Rent/Mortgage Payment:

Monthly Car Payment:

Other Monthly Fixed Debt Payments:

Do you qualify for public assistance:

Does your child participate in any other hockey programs?

If yes, please list programs/camps:

Assistance Request: Please note that FYHA does not cover USA Hockey Fees

☐

Full

☐

Partial

☐

Registration/Try Out Fee Only

Previous Aid:

Have you received aid in previous years from FYHA?

If yes, please list year and how much you received for each player.

Please explain why assistance is being requested. Provide as much information as necessary (use separate sheet as necessary).

I hereby certify that all of the above information is true and correct, I understand that FYHA may verify the information on the application or ask for additional information and documentation, and that submitting an application isn't a guarantee that aid will be provided.

Applicant Signature

Date

FYHA Use Only:

Application Approved:

☐

Yes

☐

No

Amount approved:

President Signature

Date