



Timberwolves Hockey Club Hardship Program

Timberwolves Hockey Club is dedicated to providing hockey families the ability to participate in our hockey programs. The Club is offering a hardship program designed to assist players who are committed to our program but require financial assistance. Financial help for players fees will be considered based on the following criteria:

- Availability of funds
- Financial need of parent(s) and child(ren) applicants
- Special personal circumstances of the parent(s) and player(s) applicants
- Dedication to the club

Please complete and submit the following documents as part of the hardship application:

- Hardship Application Form
- Explanation of any special personal circumstances.

The deadline for the hardship application completion is August 20th, 2025. There are no extensions.

The Timberwolves Hockey Club Board will keep all submitted original documentation. All applicants should keep a copy for themselves.

All applications submitted will be kept confidential by the Timberwolves Hockey Club Board. We ask that you submit your application in a sealed envelope and hand it directly to any of our board members. You will be contacted if there are any questions regarding your application and will notify you as soon as a decision has been made.

Sincerely,

Nina Mininni

Nina Mininni
Timberwolves Hockey Club



Timberwolves Hockey Club
Hardship Program Application
Application Deadline: August 20th, 2025
(One application per family)

Player Information:

Player(s) Name:	Date of Birth	2025-26 USA Hockey Number	# of Years with Timberwolves

Parent/Guardian Information:

Primary Parent Name:
Address:
Phone:
Email:
Secondary Parent Name:

I hereby apply for Timberwolves Hardship Program to go towards fees for the players listed above for the 2025-26 hockey season. I understand the hardship assistance is granted based on fund availability and application criteria. I understand that should the Timberwolves Hockey Club Board become aware of any falsified information on this application that any assistance will be forfeited and returned to Timberwolves Hockey Club.

I understand payment plans under the hardship program must be adhered to after accepting assistance and that members may be removed from the hockey program if payments are not received timely under the agreed upon installment plan. I certify that the information in the application is correct and true to the best of my knowledge.

Parent/Guardian Signature:

Date:

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.

The Timberwolves Hockey Club Hardship Program is designed to provide an affordable hockey experience for those who have a financial need. This program is not meant to be a handout but rather a financial assistance program made available to those who meet the qualifying criteria and are committed to The Timberwolves Hockey Club Organization.

Timberwolves Hockey Club Board Use Only:

Date Application Received: _____

Date Application Reviewed by Board: _____

Hardship Awarded: Yes ____ No ____

Comments:

Hardship Program Award / Plan:
