



## NBHL FINANCIAL ASSISTANCE/MODIFIED PAYMENT PLAN POLICY AND APPLICATION

The policy below identifies the requirements for consideration of any kind of financial assistance award, including modified payment plans and/or reduced fees, to Northbrook Hockey League (NBHL) members for available financial assistance for the upcoming playing year. **This assistance is for those in serious, temporary need and is not intended to be an on-going subsidy.**

- All Families requesting any form of Financial Assistance must complete the Financial Assistance/Scholarship Application and submit the application to the Financial Assistance/Scholarship Committee. All information will be kept confidential. Incomplete Applications will be returned. **Application Deadline for the upcoming season is August 15.**
- Applicants can apply for a modified payment plan or partial assistance, not exceeding a calendar year.
- Applicants with unpaid balances from prior seasons, and/or who have any rules and ethics violations will NOT be considered for financial assistance in the current season.
- Financial Assistance is designed to help families get through periods of financial stress. It is not designed as an annual subsidy.
- Financial assistance can only be applied toward team fees and/or registration fees and cannot be used to cover other costs such as USA hockey registration, tournament fees, team fund, travel expenses, jerseys or equipment.
- Any family failing to adhere to the agreed payment plan will be considered not in compliance and the player receiving assistance will not be allowed to participate in team activities. NBHL reserves the right to report unpaid monies to AHAI for further sanctions until all monies are collected.
- At any time during the season, if the applicant player awarded financial assistance violates the NBHL code of conduct and/or confidential nature of the disbursement, NBHL reserves the right to terminate the financial assistance.
- All Applications will be reviewed by the Financial Assistance/Scholarship Committee. After all applications have been reviewed you will be notified of the Committee's decision by August 25.
- Financial Assistance will only be provided in the form of modified payment plan or a credit against monies due and under no circumstances will a player be compensated as part of a financial aid plan.
- Inquiries about the policy or process should be directed to the Financial Assistance/Scholarship Committee at [financialgrant@northbrookbluehawks.org](mailto:financialgrant@northbrookbluehawks.org).
- Decisions made by the Scholarship Committee are final.



## NBHL FINANCIAL ASSISTANCE/SCHOLARSHIP APPLICATION

Thank you for your interest in applying for financial assistance with the Northbrook Hockey League (NBHL). Please read the NBHL Financial Assistance/Modified Payment Plan Policy and complete all sections of this application form along with the Personal Financial Statement. All information provided will be kept confidential and used solely for the purpose of determining eligibility for financial assistance. Requests for financial assistance are for the current season only. **Application deadline for the upcoming season is August 15.** Please submit your application and documentation to [financialgrant@northbrookbluehawks.org](mailto:financialgrant@northbrookbluehawks.org). Your information will be reviewed by the Financial Assistance/Scholarship Committee and a decision will be made no later than August 25.

### Section 1: Applicant Information

- Full Name: \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): \_\_\_\_\_
- Address: \_\_\_\_\_
- Street: \_\_\_\_\_
- City: \_\_\_\_\_
- State/Province: \_\_\_\_\_
- ZIP/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Player's Birth Year: \_\_\_\_\_

### Section 2: Household Information

- Marital Status: (Single / Married / Divorced / Widowed / Other) \_\_\_\_\_
- Number of Dependents: \_\_\_\_\_

### Section 3: Employment and Income

- Current Employment Status: (Employed / Unemployed)
- Employer Name: \_\_\_\_\_
- Position/Job Title: \_\_\_\_\_
- Length of Employment: \_\_\_\_\_ years/months
- Gross Annual Household Income: \_\_\_\_\_

### Section 4: Reason for Financial Assistance

- Are you currently experiencing financial hardship? \_\_\_\_\_
- Are your circumstances temporary (Y/N)? \_\_\_\_\_
- Describe your current financial situation and reason for seeking assistance:

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- Amount of assistance requested: \$ \_\_\_\_\_

### Section 5: Supporting Documentation

Please attach copies of the following documents as applicable:

- Personal Financial Statement.
- Most recent Form 1040 (social security numbers redacted).

### Section 6: Declaration and Consent

Please read the following statements and sign below to confirm your agreement:

- I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge.
- I authorize the organization to verify any information provided in this application.
- I understand that providing false or misleading information may disqualify me from receiving assistance.
- I agree that all supporting documentation provided is genuine and unaltered.
- I consent to the use of my information for the purpose of processing this application and administering financial assistance.

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