SYHA HOCKEY ASSOCIATION FINANCIAL ASSISTANCE APPLICATION MUST BE SUBMITTED BY:

SEPTEMBER 8, 2020 (SQUIRTS, PEEWEE, BANTAM, 10U, 12U,14U), OCTOBER 1, 2020 (MITES, 8U) AND NOVEMBER 13, 2020 (JR GOLD/19U)

**(**Use separate application for each child in family)

**PLAYER NAME** LEVEL

PLAYER ADDRESS

HOME PHONE

PARENT/GUARDIAN INFORMATION:

Mother’s Name & Address

Home Phone cell phone

Work Phone E-Mail Address

Father’s Name & Address

Home Phone cell phone

Work Phone E-Mail Address

HAVE YOU RECEIVED FINANCIAL ASSISTANCE FROM SYHA IN PREVIOUS

YEARS? If so, when?

TYPE OF FINANCIAL ASSISTANCE REQUESTED:

Payment plan

Partial Assistance Full Assistance

DO YOU QUALIFY FOR AFDC, SCHOOL LUNCH, OR FOOD STAMPS? IF YES, WHICH ONES?

DID YOUR CHILD PARTICIPATE IN OFF-SEASON HOCKEY PROGRAMS? IF YES, WHICH?

**EXPLAIN WHY ASSISTANCE IS NEEDED:** (Use back of form, if necessary).

EMAIL TO: President@shakopeehockey.com