



John Ducham Memorial Hockey Fund Financial Aid Application Form

Child's Last Name: _____ Child's First Name: _____

Birthdate: _____

Parent/Guardian: _____

Mailing Address: _____
Street

City/Town State Zip

Phone: _____ Email: _____

Financial Information:

Number of persons in household: _____

Total amount of gross income from all sources (earned, child support, other social supports):

\$ _____

****Under penalties of perjury, I hereby affirm that the information provided on this form is true and correct.****

Please Print Your Full Name: _____

Please Sign: _____

Date: _____

Please complete and return this form along with the required documentation by July 15th to SASA, PO Box 855, St. Albans, VT 05478 or please email all documentation to the SASA Registrar at registrar@stalbanshockey.org.

Eligibility Guidelines and Directions

SASA realizes that asking for assistance may be difficult for some members. We want to assure you that all information related to application and disbursements will be kept in the strictest of confidence and will only be shared with the applicant and the SASA executive board. SASA reserves the right to verify information requested on this form.

Eligibility Guidelines:

To apply for financial aid from the St. Albans Skating Association, the following criteria must be met:

1. Child must have played in SASA for more than one season.
2. Please write a brief summary of:
 - Any financial aid that your family has received from SASA in past seasons.
 - The reason(s) for which you are requesting financial aid.
 - Specific information about your financial situation that you feel will help the SASA Executive Board distribute limited funds to those who need them most.
3. Please provide the following supporting documentation:
 - Parent(s)/Guardian(s) most recent Federal Income Tax Return (including all supporting schedules)
 - Most recent paystub from employment, or current balance sheet and income statement of business, if self employed.
 - Copies of monthly bills (rent/mortgage, heat, electricity, phone, etc.).
4. Income eligibility guidelines are based on 185% of the Federal Poverty income limits, plus \$5,000 for each family member. Families above this income threshold may not be considered for financial aid.
5. SASA reserves the right to consider past disciplinary actions when making scholarship award decisions.

Directions:

Applicant must complete and return this form, along with the required documentation by July 15th, to: SASA, PO Box 855, St. Albans, VT 05478 or please email all documentation to the SASA Registrar at registrar@stalbanshockey.org