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**MARQUETTE JUNIOR HOCKEY FINANCIAL ASSISTANCE PROGRAM**

The Marquette Junior Hockey financial assistance program utilizes outside funding to provide youths from financially disadvantaged families the opportunity to learn and play hockey under our program. The monies received by MJH are strictly used to reduce the costs of annual hockey registration for these families. Marquette Junior Hockey defines “financially disadvantaged” as being at or near the national poverty level based upon total number of persons in the household and/or having a temporary financial hardship such as an unforeseen loss of employment.

* All applications must be completed and submitted by **October 18th**. The only exception to the deadline will be a child moving into the area during the season.
* All applicants whose child is playing 6U – 18U must register their children using the online registration system and opt for the payment plan. **The initial $75 registration must be paid and everyone must pay the first payment on September 28th.** This amount will vary dependent on what level the child is playing at. Additional payments may be cancelled depending on what your player qualifies for.
* Skill development does not qualify for funding and there is no funding for travel hockey.
* All hockey participants (except for skill development) receive **12 discount hockey cards** initially. Hockey participants receiving financial assistance will receive **6 more cards** to help defray the base cost. Skill development players will receive an additional 6 cards (12 total) if their family qualifies.
* Applicants who receive financial assistance must provide **10 hours of logged MJH volunteer service** at Beckman tournament or MAC tournament, or other approved MJH volunteer hours.
* Divorced parents with **under 75% custody** must report income for both parents. Separate forms may be used.
* Any family with extenuating circumstances may ask for a private meeting to discuss the application.
* Individual funding will be based upon total overall funding of the program and may vary from year to year.
* Any omissions or incorrect reporting may preclude the child from future assistance and participation in MJH.

**\*\*Please bring copies of tax returns & divorce decrees when turning in your form! \*\***

**Marquette Junior Hockey Financial Assistance Application**

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Custody Percentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Federal tax return filing status (circle):

SINGLE HEAD OF HOUSEHOLD MARRIED FILING JOINTLY MARRIED FILING SEPARATELY

\*If status Married filing jointly or Married filing separately, both adults must report their income even if one is not the biological parent of the player.

Annual Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total members of household as claimed on your last federal tax return (reported exemptions + dependents) \_\_\_

**Parent # 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Custody Percentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Federal tax return filing status (circle):

SINGLE HEAD OF HOUSEHOLD MARRIED FILING JOINTLY MARRIED FILING SEPARATELY

\*If status Married filing jointly or Married filing separately, both adults must report their income even if one is not the biological parent of the player.

Annual Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total members of household as claimed on your last federal tax return (reported exemptions + dependents) \_\_\_

I assure Marquette Junior Hockey that the above information is correct to the best of my knowledge. I authorize Marquette Junior Hockey to verify the financial information if necessary and understand that supplying false information may disqualify my child’s aide.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s)/Guardian(s) Signature(s) Date

Total Eligible Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Eligible Dependents: \_\_\_\_\_\_\_\_ Qualify: Free/Reduced

Documents Verified (initials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Assistance Awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_