



## STATE COLLEGE YOUTH ICE HOCKEY ASSOCIATION (SCYIHA)

### STATE COLLEGE ICERS - FINANCIAL ASSISTANCE PROGRAM APPLICATION

Please refer to the SCYIHA Policy Manual for objective and guidelines of SCYIHA's Financial Assistance Program. Applicant must complete and submit this application for Financial Assistance. Application must be complete and include the following:

- ☐ Attach proof of current enrollment in the school lunch program
- ☐ Attach a personal, written statement of family hardship (not to exceed 500 words in length)
- ☐ Submit completed application with attachments by email to the SCYIHA Treasurer

Applicant Name (**adult** requesting financial assistance): \_\_\_\_\_

Relationship to Player(s): ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other (explain): \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow(er)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status of Other/Parent/Guardian: ☐ Single ☐ Married ☐ Divorced ☐ Other (explain) \_\_\_\_\_

Total Number in Household: \_\_\_\_\_ Net Monthly Household Income: \_\_\_\_\_

Indicate each player for whom you are requesting financial assistance (indicate by checkmark the requested level of assistance):

Name	Age	Date of Birth	25%	50%	75%	100%

I have read, understood, and hereby agree to comply with the requirements outlined in the SCYIHA Policy Manual governing the Financial Assistance Program. I acknowledge that I (or another family representative) must serve a minimum of 5 hours volunteer time at the Annual SCYIHA Tournament. I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application as may be necessary in arriving at a decision for financial assistance. In the event assistance is provided, I understand that false or misleading information given in my application or interview(s) may result in revocation of the awarded assistance.

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

If no family member(s) or other representative(s) is (are) able to assist with fundraising or volunteer activities on behalf of any/each potential recipient of financial assistance, please provide the reason(s): \_\_\_\_\_

---

#### OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ Application Completed in Full & Signed: ☐ Yes ☐ No

Hardship Statement Attached: ☐ Yes ☐ No Proof of School Lunch Program Enrollment Attached: ☐ Yes ☐ No

Financial Assistance Decision: ☐ Approved for \_\_\_\_\_% ☐ Denied SCYIHA Response Sent (date): \_\_\_\_\_ (attach)

