

BUFFALO YOUTH HOCKEY ASSOCIATION
FINANCIAL ASSISTANCE APPLICATION

Name of Parent or Guardian

Address City State ZIP

Home Phone Work Phone Cell Phone

1. Name(s) and skating level of child/children for whom assistance is being requested:

Name: _____ Level: _____

2. Request:

- _____ Payment Plan
_____ Waive Registration Fee
_____ Waive Full Season Ice Fees
_____ Waive Volunteer Deposit and Hour Requirement
_____ Help obtaining player equipment (skates, helmet, stick, pads...)

3. Do you qualify for government financial assistance? _____ Yes _____ No

Lists types of assistance you currently receive (AFDC, Food Stamps, free/reduced school lunch, etc...) _____

4. Please complete the following information:

Total household income \$ _____ annual (Must include a copy of the previous year federal income tax return)

List Dependents and their ages: _____

5. Did your child/children participate in off-season hockey programs (MASH, AAA, etc.) ____ Yes ____ No

If yes, which ones? _____

6. Are there extenuating circumstances that should be considered? _____

7. Is there any additional volunteer work are you able to perform for the association?

(Tournament staffing, marketing/sponsorship help, IT assistance, Other Talents – please explain) ____

I hereby certify that all of the above information is true and correct, and I understand that BYHA may verify the information on the application or ask for additional information/clarification.

Parent or Guardian Signature

Date

**** ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**