

Section 1: Household Information

Total number of adults in the household: _____		Total number of dependents in the household: _____	
Primary Adult (please print)			
First & Last Name _____		Do you receive income? Y/N _____	
Birth Date _____	Tel. Number _____		
Street Address _____		Please contact me by Email/Mail _____	
Apt. City _____	Zip _____	Email Address _____	
Secondary Adult (please print)			
First & Last Name _____		Do you receive income? Y/N _____	
Birth Date _____	Tel. Number _____		
List Name and Age of Each AAAHA Player in the Household			

Section 2: Hockey Program Information

Check the AAAHA Program your child/children is/are registered in.

House	Travel	Girls	Instructional
Mites <input type="checkbox"/>	Squirts-A <input type="checkbox"/>	House U10 <input type="checkbox"/>	Mini-Mites <input type="checkbox"/>
Squirts <input type="checkbox"/>	Squirts-AA <input type="checkbox"/>	House U12/U14 <input type="checkbox"/>	Timbits-Fall <input type="checkbox"/>
PeeWees <input type="checkbox"/>	PeeWee-A-1 <input type="checkbox"/>	Travel U10 <input type="checkbox"/>	Learn-to-Play-Fall <input type="checkbox"/>
Bantams <input type="checkbox"/>	PeeWee-A-2 <input type="checkbox"/>	Travel U14 <input type="checkbox"/>	Timbits-Winter <input type="checkbox"/>
	PeeWee-AA-1 <input type="checkbox"/>	Travel U16 <input type="checkbox"/>	Learn-to-Play-Winter <input type="checkbox"/>
	PeeWee-AA-2 <input type="checkbox"/>		
	Bantams-A <input type="checkbox"/>		
	Bantams-AA-1 <input type="checkbox"/>		
	Bantams-AA-2 <input type="checkbox"/>		
	Midget A <input type="checkbox"/>		

What is the dollar amount you are able to pay towards AAAHA Program Fees? \$ _____

Section 3: Gross Annual Household Income

Please circle your present gross annual household income level:
 Under \$20,000 \$20,000-\$30,000 \$30,000-\$40,000 \$40,000-\$50,000 \$50,000-\$60,000 \$60,000-\$70,000 Above \$70,000

Are your circumstances temporary? _____ How long will you need financial assistance?: _____ (date)

Has your household income changed in the past six months?
 (i.e. your present income is not reflected in your previous year's Tax Return or Social Security statements)

Yes (please explain below) No

Section 4: Gross Monthly Household Income

Check the box of the documentation included and write in the income amount in the far right column.

Gross Monthly Household Income	Source	Documentation Included?	
	Last month's wages, salaries and tips (for all household members)	<input type="checkbox"/>	
	Pensions/Retirement/Annuities	<input type="checkbox"/>	
	Social Security/Supplemental Security Income	<input type="checkbox"/>	
	Disability/Unemployment	<input type="checkbox"/>	
	Child Support/Aid to Dependent Children/Alimony	<input type="checkbox"/>	
	Housing Assistance/FAP/Utility Assistance/TANF	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	
	Total Gross Monthly Household Income		

Section 5: Personal Statement

Please provide a personal statement describing your current financial situation, why you are requesting financial aid from AAAHA and how much support you are requesting.

Section 6: Statement of Understanding, Terms and Conditions

Please read through each of the statements below. This section must be signed for your application to be reviewed.

Statement of Understanding

- I understand that AAAHA is a non-profit organization and, through generous supporters, is able to provide limited financial aid to members of the community who may be facing challenging financial circumstances.
- I understand that I must submit the required documentation listed in order for my application to be reviewed.
- I agree to notify AAAHA if my financial situation improves, so that my financial award could be re-evaluated, thus providing opportunities for others in greater need.
- I understand that financial aid will be awarded subject to available funds and eligibility.

Terms and Conditions

- You must provide proof of your gross household income.
- Financial aid is awarded for the current Fall-Winter season only. Should assistance be required in the future, you will be required to submit another application.
- If you fail to pay remaining program fees due after application of financial aid funds in full when required, your financial aid may be revoked.
- You must agree to follow all applicable AAAHA and USA Hockey rules and codes of conduct.
- Any person suspended or terminated from participation in AAAHA for inappropriate behavior or a violation of a code of conduct will no longer be eligible for financial assistance.
- Financial aid credit will be applied to AAAHA Program Fees in four (4) equal monthly installments.
- I certify that all the information on my application and in my statement is true and complete to the best of my knowledge.***
- I acknowledge that any misrepresentations I make may result in automatic termination of participation in AAAHA programs.***

I have read and understand the Terms and Conditions stated above:

Applicant's signature _____ Date _____