

**ARMSTRONG COOPER YOUTH HOCKEY ASSOCIATION**  
**FINANCIAL ASSISTANCE APPLICATION**

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Names of Parent or Guardian (s):

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Address:                      City:                      State:                      Zip:

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Home Phone:                      Work Phone:                      Cell Phone:

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

Name:	Level:
Name:	Level:
Name:	Level:

2. Request:

- Payment Plan to delay payment schedule, but ultimately, pay for season in full; or,  
 Reduction in fees (the amount of the reduction would be made in consultation with the Youth Director, the Assistant Youth Director and the Treasurer of the Association.

What is the dollar amount assistance you are requesting? Do not request "Any amount allowed".

\$ \_\_\_\_\_

3. Do you qualify for government financial assistance?

List types of assistance (AFDC, Food stamps, free/reduced school lunch, etc)

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4. Please complete the following information:

Total Parental Income (Please include a current 1<sup>st</sup> page of most current tax return, W2 and any other misc. income:  
\$

Applications that do not include proof of income will not be considered for financial assistance.

- List Dependents and their ages:

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5. Did your child/children participate in off-season hockey programs (MASH, AAA, etc.)?

If Yes, which ones?

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6. Are there extenuating circumstances that should be considered?

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7. What additional volunteer work are you able to perform for the association? (Concession stand, Tournament staffing, Other talents- please explain)

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8. Are you aware of any outstanding balances from previous years in the ACYHA?

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

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* ALL INFORMATION WILL BE KEPT CONFIDENTIAL.