



THE LOS ANGELES JR. KINGS
FINANCIAL ASSISTANCE APPLICATION
2017-2018 SEASON



PLAYER'S NAME: _____

LAKTEAM: _____ HOWMANYYEAR PLAYING? _____

ADDRESS: _____

CITY/STATEZIP: _____

PHONE: _____ EMAIL: _____

Have you received LAJK financial assistance in prior years (Circle One): Yes No

How many years total have you received LAJK financial assistance? _____

Mother's Name: _____ Father's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

Legal & Financially Responsible Parent/Guardian:

Name: _____ Social Security Number: _____

Player lives with (Circle One): Both Parents* Mother* Father* Other: _____

TOTAL NUMBER IN FAMILY: _____

Please give names of family members and the ages of siblings, if any.

Sibling_ _ _ _ _ Age ___ Plays travel ice hockey DYES ONO

Sibling_ _ _ _ _ Age ___ Plays travel ice hockey DYES ONO

Sibling_ _ _ _ _ Age ___ Plays travel ice hockey DYES ONO

Other_ _ _ _ _

APPROXIMATE COMBINED ANNUAL HOUSEHOLD INCOME: \$ _____

Any application that shows a **single or combined income level at or below \$35,000/yr. MUST** also provide a detailed written explanation as to how the player's financial obligations will be met, knowing that any LAJK/SCAHA financial assistance award will cover only a small fraction of the total season fee/club dues.

SPECIAL CIRCUMSTANCES OPTIONAL ESSAY TO BE ANSWERED BY PARENT/GUARDIAN

Are there any special circumstances that are affecting your financial situation that the scholarship committee should consider, for example significant change in income, loss of a job or special needs in the family? (Documentation will be required for this essay, payroll stubs, medical bills, etc.)

We certify that the information provided here in this application and that all supporting documentation is true and accurate. Any discrepancies will be grounds for denial of financial assistance or the financial assistance monies may be rescinded.

Legal Parent/Guardian Signature:

Legal Parent/Guardian Signature:



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All information submitted will be kept confidential

OPEN

**ALL current LAJK players in good standing*
(*current on dues)**

AMOUNT

Amount will be based on financial need

CRITERIA

The application and all supporting documentation MUST come from the legal and financially responsible parent, relative or legal guardian.

REQUIRES

- 1) Complete LAJK Financial Assistance Application
- 2) Include a signed Copy of the 2015 & 2016 Federal Tax Return and a copy of the 2015 & 2016 W-2 form
- 3) A copy of your current income status (i.e., copies of last three (3) months paystubs, or proof of self-employment income, unemployment, disability, social security or workers compensation benefit statements)
- 4) Miscellaneous documentation to support facts
- 5) Applicant must apply for SCAHA Financial Assistance by September 15th of the current playing season**
- 6) Multi-player families only need to submit one copy of supporting documentation

DEADLINE FOR PACKAGE TO BE RECEIVED

October 1, 2017

INCOMPLETE PACKAGES WILL NOT BE CONSIDERED

Packages received after this date **WILL NOT** be considered

MAIL TO:
(One for each player)

**Los Angeles Jr. Kings
Attention: Helen Alex
P.O. Box 50204 Long Beach, CA 90815**

E-Mail helen@jrkingshockey.com

QUESTIONS

SPECIAL NOTE

All LAJK players awarded financial assistance will be required to have the legal and financially responsible parent, relative or legal guardian sign and abide by the **Los Angeles Jr. Kings Agreement for Financial Assistance Award**. The Financial Assistance Agreement form is to be submitted no later than one week after the awarding of financial assistance or risk forfeiture of award.