



2026-27 FINANCIAL AID APPLICATION

Instructions: Complete, save to desktop and email to: ncyhatreasurer@gmail.com **Please be sure to complete all blank spaces.**

Who May Apply: Financial aid is available to all families who want to participate in a Newport County Youth Hockey Program, but who cannot afford the cost. Both full and partial financial awards are made. **All applications are treated in the strictest confidence.**

DEADLINE: Applications must be submitted by Spring for travel players and Early Fall for Learn to Skate, MDP, and House League. Please visit the website for registration dates <https://www.ncyha.org>

Name (individual for whom scholarship is sought) _____

DOB _____ Phone _____ Address _____

Please state specific reason why financial assistance is needed (use the back of the page if needed)

Father's Name _____ Occupation _____

Employer _____ (W) Phone _____

Salary per Week \$ _____ Years of Employment _____

Mother's Name _____ Occupation _____

Employer _____ (W) Phone _____

Salary per Week \$ _____ Years of Employment _____

Marital Status _____ Number of Dependent Children in Family _____

Who Supports the Children? _____

Do you receive any financial aid or support from other sources (please list)? _____

If so, how much per month? _____

I certify that all information and statements made by me on this application are true to the best of my knowledge.

Name (of person completing application) _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Reviewed By _____ Date _____

Request \$ _____ Approved \$ _____ Paid by Applicant \$ _____

Denied _____