**SLPYHA Hardship Application:**

1. Requesting: \_\_\_\_\_ Payment Plan (intend to pay fees in full for the season) SKIP TO QUESTION 9

\_\_\_\_\_ Reduction in fees

1. Name and address of Guardian 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual gross income from all income sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(provide a copy of page 1 of your most recent tax return and a copy of a recent paystub, **please black out social security numbers)**

1. Name and address of Guardian 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual gross income from all income sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(provide a copy of page 1 of your most recent tax return and a copy of a recent paystub, **please black out social security numbers)**

1. Name(s) and skating level(s) for player(s) you are requesting assistance for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Ages of other children who are not part of SLPYHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the dollar amount of assistance you are requesting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must state a dollar amount)
3. Types of assistance family qualifies for/receives:

\_\_\_\_ Food stamps

\_\_\_\_ Free/reduced school lunch

\_\_\_\_ AFDC/TANF

\_\_\_\_ Medical assistance

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do your children participate in off-season hockey programs ? If yes, state the specific names:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please describe any additional information or circumstances that may make it difficult to pay hockey fees this season. If you are requesting a different payment plan then the standard, please state that request here along with the terms you are requesting:

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**PLACE THIS APPLICATION ALONG WITH TAX RETURN AND PAYSTUB COPIES IN A SEALED ENVELOPE MARKED “SLPYHA PRESIDENT” IN THE MAILBOX AT FOGERTY BY SEPTEMBER 1ST.**

**If Guardians are not married and wish to submit separate applications you may do so. Please note there are separate forms being submitted for your child on your application.**