



Financial Assistance Guidelines

The Central Florida Hockey Club is proud to have the opportunity to award players and families with financial assistance each season. Below you will find the guidelines and instructions on making the request to be considered.

- Financial Assistance shall be limited to a maximum of 50% tuition per recipient per year.
- Financial Assistance will be awarded on an objective and nondiscriminatory basis. Any applicant with a combined adjusted gross income (typically shown on Line 36 of IRS Form 1040) of \$70,000 or more will not qualify for a scholarship award.
- Players awarded financial assistance from CFHC/OYHA will not be permitted to play on any other tournament teams not commissioned by CFHC/OYHA during the regular season. This restriction shall include any Florida Alliance Team. Failure to comply with this requirement shall result in a loss of scholarship and repayment of the full scholarship amount to CFHC/OYHA.
- In the event a player leaves CFHC/OYHA during the season for any reason in which a scholarship has been awarded, 100% of the scholarship award must be refunded back to the CFHC/OYHA.
- If financial assistance is awarded, the family's commitment for the balance of the club dues, shall be paid in full prior to October 1st of the season awarded. Normal proration and payment plans shall be allowed per normal CFHC/OYHA payment methods up to the point of the full balance being due. In the event the balance is not fully paid by the date above, the player will not be permitted to attend any CFHC events, practices or games until the balance is paid.
- A complete application* must be submitted to the CFHC/OYHA Treasurer and Vice President on or before July 1st. Failure to meet this deadline may result in an application not qualifying for review.
- All applications will be reviewed by the CFHC/OYHA Financial Assistance Committee and applicants will notified as quickly as possible whether they have or have not qualified.

*** A completed application for financial assistance includes ALL of the following:**

- Previous year Tax Returns including w-2's and all schedules (personal and corporate).
- Academic information - final transcript or report card from last academic year
- Two most recent paycheck stubs from employment (current balance sheet and income statement of business if self-employed)

Financial Assistance Application

CFHC/OYHA is making a limited number of opportunities available to players who might otherwise not be able to participate in travel hockey. Selection of players for this financial assistance is based on financial need, academic performance in school, and involvement in school and community activities. All information required must be provided before any application will be considered.

PERSONAL DATA

Player's Name: _____ Player's Birth Date _____/____/_____

Parents' Names _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Work Phone(s) _____

E-mail addresses: Mother's _____ Father's _____

EMPLOYMENT AND FINANCIAL DATA

Father's Profession: _____

Father's Employer: _____

Salary/Income: _____ weekly/monthly/yearly

Mother's Profession: _____

Mother's Employer: _____

Salary/Income: _____ weekly/monthly/yearly

Please list any sources and amounts of income other than from employment:

Please describe any major changes in income or unusual expenses in the last two years:

ACADEMIC INFORMATION

Name of School Attended Last School Year _____

School District _____ Grade Last Year _____

Homeroom/Advisory Teacher Last Year _____

List and describe any academic honors _____

EXTRACURRICULAR AND COMMUNITY ACTIVITIES

Please list and describe player's extracurricular or community activities (last 2 years)

Please describe any other circumstances or aspect of your situation that you think should be brought to OYHA's attention in considering your application (attach extra sheet if necessary):

I/We attest that the information furnished, and all representations made herein constitute the true and correct statement of my/our financial condition; that I/we acknowledge and agree to the requirements as set forth in this application, including repayment of the scholarship for failure to comply and release by the club. I/We hereby authorize CFHC/OYHA to verify and review all information provided by me/us.

Signature: _____

Print Name: _____

Date: _____

Signature: _____

Print Name: _____

Date: _____

Your completed application must be returned to CFHC/OYHA Treasurer on or before July 1st or mailed to:

Central Florida Hockey Club / OYHA
Board Treasurer & President
c/o RDV Ice Den
8701 Maitland Summit Blvd Orlando, FL 32810

or

Email To: centralfloridahockeyclub@gmail.com