



New Mexico Amateur Hockey Association

Financial Aid Policy

It shall be the policy of New Mexico Amateur Hockey Association that, when available, financial aid funds will be accessible to those members of the association who demonstrate financial need and apply for financial aid.

Procedure:

1. Applicant(s) shall complete and submit the sponsorship application by **September 27, 2021**.
2. Email the application and supporting documentation:
NMAHA Registrar: **nmahasecretary1@gmail.com**
3. Each application is reviewed by the NMAHA Board of Directors and kept strictly confidential. The NMAHA Treasurer will notify the applicant in writing as to the board's decision by **October 1, 2021**.
4. If approved for award, each recipient/family is expected to volunteer time for the benefit of New Mexico Amateur Hockey Association. There is no academic requirement but NMAHA may request athlete's report card mid-season.

Please review this form carefully and note the following:

- Completion of application does not guarantee assistance.
- Financial aid will be awarded based on eligibility, application timeliness and available funding.
- Receipt of a previous financial aid does not guarantee aid in the current season
- Any information found to be fraudulent will result in loss or denial of award

The following items should be submitted as part of the application:

1. Athlete/family information
2. Financial information- Must submit previous year tax returns of both parents (including divorced parents) or primary guardian.
3. Other items of considerations (i.e. medical condition(s), financial situations, dependent care)
4. Optional:
 - a. Written recommendation by school representative, social worker, or another social services representative.
 - b. Essay from the player on why hockey is important to them.



Financial Aid Application

Please complete the following information for each child

Athlete/Family Information

Athlete's Name: _____ Age: ____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

School Athlete Attends: _____ Grade: _____

Athlete lives with: () Both parents () Mother () Father () Other: _____

Siblings playing this season: () Yes () No Name(s) _____

Amount of award requested: Full \$ _____ Partial \$ _____

Parent/Guardian Information:

Total Household Annual Income: \$ _____ Own Home: () Yes () No

Income from other sources: Type: _____ Amount: _____

Type: _____ Amount: _____

Father/Guardian Name: _____ Occupation: _____

Phone: _____ E-Mail: _____

Mother/Guardian Name: _____ Occupation: _____

Phone: _____ E-Mail: _____

Has the athlete ever received NMAHA Financial Aid? _____

Other items of consideration: (attached additional sheets if necessary)



Financial Aid Application Continued

This application will not be considered complete without last year's tax information.

I certify that all the information on this form is true and correct. I understand the information contained on this form is considered privileged and will be held in confidence. I further authorize the board of directors committee to make whatever inquiries deemed necessary to verify the information provided.

Parent/Guardian Signature: _____ Date: _____

NMAHA Use Only

Application Received by: _____ Date: _____

Date BOD reviewed: _____ Awarded: ()Yes ()No Amount: _____

Name of Parent/Guardian notified: _____ Date: _____

Treasure Signature: _____ Date: _____