**Eagan Hockey Association Financial Assistance Application**

Click here to send application to EHA Treasurer

\*Click email link above to send. Form must be saved and then attached to email

\*\*All fields are required to be completed

**List all EHA Players in family for play in the season of 2019/2020. Please include each player’s name, the level they are playing and the total number of years having played Hockey:**

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| --- | --- | --- |
| **Player Name** | **Level** | **Years Played:** |
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|  |  |  |
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**Parent/Guardian(s) who is financially responsible for player(s):**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Email** |  |
| **Phone** |  |

**Have you received financial aid from EHA in the past?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **If yes, when?** | **Do you qualify for public assistance today? If yes, please list programs.**  |
|  |  |  |  |

**Do any of your players participate in off season hockey program? If yes, please list.**

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| --- | --- |
| **Player Name(s)** | **Program(s)** |
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**Please request how much assistance would help you this next year or if you would like a payment plan.**

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**Please explain why you are applying for assistance at this time.**

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