



## CDAHA Application for Financial Assistance

### ALL INFORMATION IS CONFIDENTIAL

Applications are due by September 30<sup>th</sup> for the upcoming season. Once a decision is made you will be notified. If granted a scholarship you will be informed of the amount and any terms regarding upfront payments or fundraising requirements.

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Age Division: \_\_\_\_\_ Years in CDAHA: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Please answer the following questions:

Did you volunteer/participate in fundraising last season? Y/N

Please explain: \_\_\_\_\_

Did you receive a CDAHA Scholarship last season? Y/N

If yes, indicate amount: \_\_\_\_\_ if no, did you apply for one? Y/N

Are you receiving monetary support from any source for the player's activities? Y/N

Did this player attend any summer/off-season hockey camp(s)? Y/N

Did this player sell raffle tickets last season? Y/N

Is this player willing to sell raffle tickets to offset some of their hockey costs? Y/N

If this player is denied financial assistance, will this absolutely prohibit your child from playing hockey this upcoming season? Y/N

Is this player involved in any other sports or activities during the duration of the hockey season? Y/N

If yes, please list (this includes school sanctioned sports as well as community programs):

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Why do you feel your child should be awarded financial assistance? \_\_\_\_\_

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Are there any additional conditions that affect your financial position that you feel the committee should be aware of that are pertinent to your situation? Please explain: \_\_\_\_\_

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What dollar amount are you requesting? \_\_\_\_\_

I hereby certify that all the above information is true and correct and acknowledge that failure to complete this entire application and/or submitting false information may disqualify my children from financial assistance. I also acknowledge that I have received and read a copy of the Scholarship Policy and agree to its provisions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application to CDAHA, P.O. Box 2846, Post Falls, Idaho, 83877 or you may return this form to [cdaharegistrar@yahoo.com](mailto:cdaharegistrar@yahoo.com) or any CDAHA Board of Directors Member to be forwarded to the committee.