

**Darien Youth Hockey Association
Financial Assistance Application Form
2014 – 2015 Season**

ALL APPLICATION INFORMATION IS TREATED AS CONFIDENTIAL

It is the goal of the DYHA to provide kids the opportunity to play hockey, regardless of their family's ability to pay. To that end, DYHA (primarily through the Friends of DYHA) tries to provide financial assistance to families in need of it. This assistance is awarded on a discretionary basis by the Board of Directors or its designated Financial Assistance Committee based on the amount of funds available and the demonstrated financial need of the applicant.

DYHA realizes that asking for assistance may be difficult for some members. We want to assure you that all information related to application and disbursements will be kept in the strictest of confidence and will only be shared with the applicant and the DYHA Financial Assistance Committee (subset of DYHA Board). DYHA reserves the right to verify information requested on this form.

Those with unpaid balances from previous seasons will NOT be considered for Financial Assistance in the 2013– 2014 season.

In order to be considered for financial assistance, all documentation MUST be completed & submitted no later than April 15, 2014 to:

DYHA
Attention: Financial Assistance Committee
c/o John Fraser
76 Arrowhead Way
Darien, CT 06820

Please write "Confidential" on the outside of the mailing envelope

All Financial Assistance awards will be made after the deadline, once all applications have been submitted and reviewed.

The following items MUST be submitted as part of the Application Process:

1. Financial Assistance Application (form below)
2. First 2 pages of the 2012 and 2013 1040 Tax Forms of both parents (including divorced parents)
3. Explanation of other considerations that should be taken into account to understand need (i.e. medical conditions, financial situations, dependent care)

Contact the DYHA Treasurer with any questions regarding Financial Assistance.

Financial Assistance Application

Please list all your children that are planning to participate in DYHA during the 2014-15 season:

<u>Name</u>	<u>'14 - '15 Level (e.g. Mite)</u>	<u>House/Travel?</u>	<u>Year started DYHA</u>

Mother / Guardian Information

Name: _____

Address: _____

Tel. No.: _____

Email: _____

Father / Guardian Information

Name: _____

Address: _____

Tel. No.: _____

Email: _____

The above parents/guardians are (check all that apply):

Married to each other Divorced or legally separated

If divorced or legally separated, please indicate which parent has custody: _____

Please list all other children not listed above:

<u>Name</u>	<u>Age</u>	<u>Plays Hockey For</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the following financial information:

	Mother / Guardian	Father/ Guardian	Joint/Combined
Current employer			
2013 wages, salary and/or self-employment income			
Annual income from child support and/or alimony			
Other income on an annual basis			
Do you own or rent your home?			

Monthly mortgage or rent payments			
Do you own a second home?			

Requested Financial Assistance:

1. Expected 2014-2015 total family DYHA expense (total of Basic Registration + Travel Supplements for all DYHA participants) _____
2. Proposed family contribution toward expected DYHA expense _____
3. Requested Financial Assistance (1. minus 2.) _____

Please provide any other information you would like us to consider (change in employment status, dependent parent, special needs children, etc.)

I / we certify that the above information is true and correct. I / we authorize the DYHA Financial Assistance Committee to make whatever inquiries deemed necessary to verify the information provided (this form must be signed by all custodial parents / guardians):

Mother / Guardian

Father / Guardian

Date

Date