

Westwood Youth Hockey 2013-2014 Financial Aid Packet

P.O. Box 731, Westwood MA 02090

www.wyh.org

*Thank you for inquiring about the Westwood Youth Hockey's Financial Aid Program. We have established a fund to help families with the cost of tuition for our programs. It is our intent to make adequate financial arrangements so your family can share Westwood Youth Hockey experience. The program is open to all families of any race, color, religion, or socioeconomic background. **Applications must be submitted to be considered for discounts at the time of registration. This can be mailed to the above PO Box to the attention of the President, or emailed to the President email contact on the website.***

Where Does The Money Come From?

Westwood Youth Hockey financial aid money comes from funds raised through annual social, auction and raffle supported by parents and organized by volunteers. It is expected that the family will pay a part of the tuition, which is within their means.

The Application Process

Applications are submitted anonymously to our Financial Aid Committee. The group allocates tuition discounts to families based on need. The Committee is made up of current WYH Board of Directors. Their work can be very challenging and painstaking. They attempt to meet reasonable requests with the limited funds that are available. It is expected that the family will pay a part of the tuition. It is regrettable, but the committee may not be able to meet all the requests for assistance. The President, Treasurer and Financial Aid Coordinator are the only people who see your application with your name attached to it. The Directors submit the applications without identifying the individual applicants' names on the forms. You will be contacted within two weeks of the status of your application.

Please supply as much information as possible to provide a complete picture of your finances and why the need exists _____

We currently receive the following assistants/benefits Government/Town/Other:

Financial Request:

If I really stretch, I can pay: \$ _____

Therefore, my financial aid request is: \$ _____

This makes the total fee of: \$ _____ (must equal fee for program)

____ I have sent in the application.

____ I would like to make spaced payments of \$ _____

Player Name _____ Age: _____

Parent(s) Guardian Name: _____ Phone: _____

Address: _____ Email: _____

Age: _____

Marital Status: Single Married Divorced Separated Widow Widower

Employment: Are you currently employed? No Yes Full Time Part Time

Employer: _____ Position: _____ (WYH will not contact employer)

HOUSEHOLD

Number of Adults (not including you): # _____

Age: _____ Relationship: _____ Employed? Yes No Full Time Part time

Age: _____ Relationship: _____ Employed? Yes No Full Time Part time

Age: _____ Relationship: _____ Employed? Yes No Full Time Part time

Number of Children or dependants: # _____

Ages: _____

Are you able to volunteer time in any way on behalf of the program? _____

Signature: _____ Date: _____

(Adult 1/Primary Guardian)

Print Name of Adult _____

If you have any questions, please contact David Horsfall, President of Westwood Youth Hockey
dhorsfall@standish.com.