



## **Raleigh Youth Hockey Association Financial Aid**

One of the many goals of the Raleigh Youth Hockey Association is to ensure any child with the desire, commitment, and ability to play hockey have the opportunity regardless of financial ability. We offer financial aid in addressing the financial needs of our players. Not everyone who applies will be eligible for an award; financial aid awards may only assist with the payment of program fees.

**The following are not covered by Financial Aid and must be paid by each player:**

- Tryout Fees
- Team tournament fees
- Reimbursement of travel expenses
- Jersey/team wear/team equipment

*There are no exceptions to these requirements.*

All applications must be received by the dates outlined in the RYHA Financial Aid Request Procedure 2016-2017 document posted on the RYHA website. Please forward to

VP, Finance  
Raleigh Youth Hockey Association  
P.O. Box 61400  
Raleigh, North Carolina 27661-1400

Or sent via e-mail to [lori.parro@juniorhurricanes.org](mailto:lori.parro@juniorhurricanes.org)

**ALL INFORMATION RECEIVED IS HANDLED WITH ABSOLUTE  
CONFIDENTIALITY**

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

Mandatory:

1. Financial aid application
2. Prior year tax return (Form 1040, first two pages) as filed with the IRS. Please also include business income returns if applicable
3. Other situational factors that can be taken into account to assess need (i.e.... medical conditions, hardship situations, dependent care, recent loss of job, etc....)
4. Essay from player addressing how participation in ice hockey has impacted life
5. Most recent report card
6. Recommendation from previous hockey coach describing key characteristics of applicant

Optional:

1. Recommendation from school-based (Teacher/Principal or guidance counselor) person describing relevant characteristics / achievements of applicant
2. Any other potential reference to qualify applicant

Each player receiving financial aid must meet and adhere to all guidelines set forth in the player financial aid request procedure, and demonstrate dedication through consistent attendance at team practices and games. Also, it is the responsibility of each family receiving financial aid to reciprocate through active participation in the organization, including the mandatory ten (10) volunteer hours. Failure to adhere to these guidelines can result in the forfeiture of the financial aid award.

In order to be considered for financial aid, this form must be completed in its entirety along with the tax return information. Both forms must be submitted to RYHA for processing and review by Financial Aid committee. *Any application received after the posted deadline may not be considered.*

Financial aid awards are not talent based. Sibling awards are not automatic, and must be requested by completing a separate application (attachments can be one set per family). Requests are not automatically approved; applicants will be notified by mail whether approved or denied. Please note that awards are approved and issued by the RYHA Finance Committee and not by our coaching staff.

For any questions regarding the Financial Aid process, please contact Lori Parro @ 919-623-3596 or via e-mail at [lori.parro@juniorhurricanes.org](mailto:lori.parro@juniorhurricanes.org).

Player Name \_\_\_\_\_ Team \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Primary Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Dependent Children (*children living in the home who are under the age of 18*):

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Annual Household Income \$ \_\_\_\_\_

*NOTE: All sources of income must be included as part of the application process, including that from business ownership. Any member found to have willfully omitted income from their application or otherwise attempted to mislead with respect to financial need will be immediately disqualified from consideration.*

I understand that applying for financial aid does not automatically grant me financial aid. I certify that the above information is correct and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_



