



**CHRISTOPHER J. PASKELL  
2017-18 MEMORIAL FUND APPLICATION**

**DEADLINE: OCTOBER 4, 2017**

Instructions:

- Please fill out a separate form for each child in your family for whom you are applying.
- Please complete **all three** sections of this application.
- Please print, using **BLACK** ink. Thank you!

**1. PLAYER INFORMATION:**

Date of Application \_\_\_\_\_

Youth Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street \_\_\_\_\_

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

Number of years involved with the Junior Crusaders Youth Hockey Organization \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Tel # (day) \_\_\_\_\_

Player's team for 2017-18 season \_\_\_\_\_

**2. FINANCIAL INFORMATION:** (This information is kept strictly **CONFIDENTIAL** by organization staff)

Mother/Guardian Occupation \_\_\_\_\_ Total annual income \$ \_\_\_\_\_

Father/Guardian Occupation \_\_\_\_\_ Total annual income \$ \_\_\_\_\_

Other income (alimony, child support, unemployment, other assistance) \$ \_\_\_\_\_

Total number of children living at home \_\_\_\_\_ Total number of children participating in youth hockey \_\_\_\_\_

**HOCKEY EXPENSES FOR 2017-2018:**

**Financial Assistance Toward Hockey Costs:**

Assessments \$ \_\_\_\_\_

Scholarship from your YHA \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

Credit from coaching or volunteering \$ \_\_\_\_\_

Other (please describe)

Other (please describe)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Financial Assistance** \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

**Amount Requested** \$ \_\_\_\_\_ (Maximum request is \$200 per child)



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**3. LETTER of REQUEST:**

In a separate document, of **no more than two pages**, please tell us about your child's involvement with hockey. Describe the circumstances affecting financial need, and address what other fundraising activities you've explored to assist in making hockey affordable for your family. If you are applying for more than one child in your family, you may use the same letter of request for multiple children. *Typed pages are preferred, but legible, printed, handwritten sheets will be accepted.* Please do not staple documents.

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

**Send your application by mail or email to:**

Christopher J. Paskell Memorial Fund • c/o Junior Crusaders Youth Hockey • P.O. Box 3597 • Worcester, MA 01613 •  
jrcrusaders@yahoo.com