



## Wonderland Wizards Youth Hockey Association Financial Assistance Policy 2012 – 2013 Season

The mission of the Wonderland Wizards Youth Hockey Association (WWYHA) is to provide an outstanding educational-athletic organization and an opportunity for every child to play hockey, regardless of their family's financial ability to pay. The WWYHA tries to provide financial assistance to families in need through a scholarship fund. This assistance is awarded on a discretionary basis by the Board of Directors and its designated Scholarship Committee based on the amount of funds available and the demonstrated financial need of the applicant.

Applicants can be assured that all information related to application and disbursements will be kept in the strictest of confidence and will only be shared with the applicant, the Board of Directors and the Scholarship Committee. Applicants with unpaid balances from prior seasons will NOT be considered for financial assistance in the current season.

WWYHA's policy is that all families that intend to participate in the association's programs must fulfill all financial obligations. Families should not apply with the intention of backing out of a team if they are not awarded financial assistance. WWYHA requires full player commitment to the team before the application for financial assistance is considered. This includes payment of your first installment due at the time of player commitment.

For consideration, all documentation MUST be completed and submitted no later than the due dates listed to:

Wonderland Wizards  
Youth Hockey Association  
P.O. Box 55348  
Bridgeport, CT 06610  
ATTENTION: SCHOLARSHIP COMMITTEE - CONFIDENTIAL

| Program | Due Date       |
|---------|----------------|
| Travel  | May 31, 2012   |
| House   | August 1, 2012 |
| Girls   | August 1, 2012 |

The WWYHA reserves the right to verify information requested on the form. All financial assistance awards will be made after the deadline once all applications have been submitted.

At any time, during the season, if the applicant awarded financial assistance violates the association's policies, the code of conduct and/or confidential nature of the disbursement, the WWYHA reserves the right to terminate the financial assistance award.

The following items MUST be submitted as part of the application process:

1. Application Form (form on next page)
2. First 2 pages of the last two years' 1040 Tax Forms of both parents (including divorced/separated parents)
3. Other considerations that should be taken into account (i.e., financial situations, change in employment status, special needs, etc.)



**Wonderland Wizards Youth Hockey Association  
Financial Assistance Application Form  
2012 – 2013 Season**

Please indicate the total number of children in the household: \_\_\_\_\_

Please list all your children that are planning to participate in WWYHA during the 2012-13 season:

| Name | '12-'13 Level (e.g., Mite) | Travel/House/Girls | Year Started WWYHA |
|------|----------------------------|--------------------|--------------------|
|      |                            |                    |                    |
|      |                            |                    |                    |
|      |                            |                    |                    |
|      |                            |                    |                    |

Mother/Guardian Information

|            |  |
|------------|--|
| Name       |  |
| Address    |  |
| Home Phone |  |
| Cell Phone |  |
| Email      |  |

Father/Guardian Information

|            |  |
|------------|--|
| Name       |  |
| Address    |  |
| Home Phone |  |
| Cell Phone |  |
| Email      |  |

The above parents/guardians are (check which applies):

\_\_\_\_\_ Married    \_\_\_\_\_ Divorced/Legally Separated    \_\_\_\_\_ Single/Unmarried    \_\_\_\_\_ Widowed

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

\_\_\_\_\_

Please provide the following financial information:

|  | Mother/Guardian | Father/Guardian | Joint/Combined |
|--|-----------------|-----------------|----------------|
| Current Employer                                 |                 |                 |                |
| 2011 Wages, Salary and/or Self-Employment Income |                 |                 |                |
| Annual Income From Child Support and/or Alimony  |                 |                 |                |
| Other Annual Income                              |                 |                 |                |
| Do you own or rent your home?                    |                 |                 |                |
| Monthly Mortgage or Rent Payments                |                 |                 |                |
| Do you own a second home?                        |                 |                 |                |
| Monthly Mortgage or Rent Payments on Second Home |                 |                 |                |

How much can your family reasonably pay toward your expected WWYHA bill?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We certify that the above information is true and accurate. I/We authorize the WWYHA Scholarship Committee to make any inquiries deemed necessary to verify the information provided. This form must be signed by all custodial parents/guardians.

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*\*\*\* SCHOLARSHIP COMMITTEE USE ONLY \*\*\*\***

Date \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Total Season Fee \$ \_\_\_\_\_

Financial Assistance Amount \$ \_\_\_\_\_

Remaining Balance \$ \_\_\_\_\_