



**STAMFORD YOUTH HOCKEY ASSOCIATION  
FINANCIAL ASSISTANCE REQUEST FORM  
2016-17 Season**

It is the goal of the Stamford Youth Hockey Association (SYHA) to provide all our youngsters the opportunity to play hockey, regardless of their family's ability to pay. To that end, SYHA has established the Stamford Youth Hockey Association Scholarship Fund. Financial assistance is awarded on a discretionary basis by the Board of Directors or its designated Scholarship Committee based on the amount of funds available and demonstrated financial need of the applicant. Because a limited amount of funding is available, we request that you complete the information below so that your request for assistance can be fairly evaluated in light of other requests being made. **All information will be kept strictly confidential.**

Please list all your children that are participating in SYHA during the 2016-17 season:

\_\_\_\_\_

Sponsors Information

Name: \_\_\_\_\_

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsors Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Email: \_\_\_\_\_

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

Married to each other     Living together     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>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Do any of your children receive free or reduced school lunch? \_\_\_\_\_



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Please provide the following financial information:

	<b>Mother / Guardian</b>	<b>Father/ Guardian</b>	<b>Joint/Combined</b>
Current employer			
Annual 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?			
Primary vehicle: Year, Make and Model			
Other Vehicle: Year, Make and Model			

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

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I / we certify that the above information is true and correct (this form must be signed by all custodial parents / guardians):

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please mail the completed form to:  
**Travel Due Date: 7/1/2016**  
**House Due Date: 10/1/2016**

Stamford Youth Hockey Association  
Attention: Scholarship Committee  
P.O. Box 4030  
Stamford, CT 06907