

Needham Youth Hockey Financial Aid Application

The following is the financial aid request form that must be filled out completely in order for the NYHA Board of Directors to consider your request for help. We realize that the completion of a form such as this may be difficult thing for you to do but in order for the committee to understand your needs and situation we must get the information. We promise that this information will be treated with the utmost respect and confidentiality.

Name _____

Street Address _____

City, State and Zip Code _____

Home Phone _____ Alternate Phone _____

Email Address _____

Name of player(s) and level of play

1. _____

2. _____

Have you received financial aid from NYHA in the past? _____

Explain why you are applying for aid (loss of employment, medical bills, other)

Please include any details that may help inform the NYHA board of your hardship, such as a summary of income/expenses/dependents:

Do you qualify for AFDC, School lunch program, food stamps or other programs?

Please list programs.

If your child plays on another club, does he/she get assistance from that club? _____

Signature _____ Date _____

For NYHA use only.

Approved Yes/NO Signed by President _____ VP _____ Past President

Amount of financial Aid \$ _____ Payment plan if any _____

Additional volunteering requested _____
