



APPLICATION FOR FEE ASSISTANCE

(Please Print. Application must be completed in its entirety. Blank spaces may disqualify applicant.)

I. APPLICANT INFORMATION

Applicant's Name: _____ USAH-IMR #: _____

Applicants Parent (1) or Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone: (____) _____ E-mail address: _____

Applicants Parent (2): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone: (____) _____ E-mail address: _____

Is the Applicant a Ward of the Court? **Yes No**

Is the Applicant a Foster Child? **Yes No**

The Applicant is participating with which UAHA Sub Affiliate/Member Organization(s)?

II. APPLICANT'S HOUSEHOLD MAKEUP

_____ Father _____ Mother _____ Brothers _____ Sisters

_____ Number of Youth Hockey Players in Household

III. APPLICANT'S TOTAL INCOME

Applicant's Gross Monthly Income from all sources: \$ _____

(Proof of Income may be requested by the Selection Committee. Failure to submit within 10 business days of being requested by the review committee is grounds for the denial of the application)

V. HARDSHIP

The Applicant has suffered an extreme hardship or requires assistance due to special circumstances. Please describe the hardship below or attach separate page, under signature, the nature of such hardship or circumstances. Attach separate page if necessary.

VI. CERTIFICATION

I certify that the above information and any additional information provided with this application or subsequent to this application is true and correct and that all income has been reported. I understand that this information is being given for the purpose of determining the possible allocated of fee assistance to the applicant named above for the specific purpose of assisting him/her with ice hockey fees to be incurred during the 2017 - 2018 season for participation on a bone fide Utah Amateur Hockey Association Sub-Affiliate/ Member Organization. I also understand that should I present false or misleading information to secure the allocation the application will be denied and I agree to return all funds.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

VII. UTAH AMATEUR HOCKEY ASSOCIATION SUB- AFFILIATE/MEMBER ORGANIZATION CERTIFICATION/REQUEST/FEE ACKNOWLEDGEMENT

I hereby certify that _____ participates with the _____ program, a Utah Amateur Hockey Association Sub-Affiliate/ Member Organization which is in good standing with UAHA. The fee for participation on this team for each player is \$_____. I hereby request that UAHA review his/her application to determine eligibility and recommend an award of \$_____ (\$300 is the maximum award possible). I also certify that the _____ will match the fee assistance if awarded by UAHA in the amount of \$_____.

Sub-Affiliate/Member Organization Signature

Date

(Please Print Name)

If the reason for Fee Assistance is other than financial (ie. Extreme hardship); a letter must be submitted by the sponsoring organization certifying to the hardship.

**Return the Application for Fee Assistance to:
Derrick Radke, UAHA Board Member
dradke@allwest.net**

******DO NOT WRITE BELOW THIS LINE******
For use by UAHA Fee Assistance Committee



The Application is: **Approved** **Denied:**

Amount of Award: \$ _____

If denied, please indicate the reason(s):

Signature of Chairman of the UAHA Fee Assistance Committee

Date