



2018 – 2019 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: UT 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)

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

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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