

Burlington Hockey & Skating Association
Tuition Assistance Application
2015 - 2016

The standard payment plan calls for tuition to be paid in full by October 1st. By filling out this application you are stating you are not able to meet this obligation and need extra time to pay the hockey tuition. This application is viewed by the Executive Board of BHSA only.

Please select reason for assistance: (PLEASE CHECK)

- Recent loss of employment
- Recent change in marital status
- Lack of financial income (Please Explain Below)
- Other (Please Explain Below)

The BHSA Executive Board will review your explanation when considering this application for approval. Please print clearly – Thank You.

PLEASE BE ADVISED: Playing Select, Club, Metro, or for any other hockey affiliation other than BHSA will automatically void this application for tuition assistance consideration. In addition the following conditions apply:

- If a player drops out of BHSA to play for another Hockey affiliation while under this agreement then all fees incurred up to the date of separation must be paid in full.
- If a player is found playing for another Hockey affiliation while under this agreement such player will be temporarily suspended from all activities under BHSA until full payment of tuition is received.
- Failure to comply with payment demand per above will result in child being suspended from BHSA and being reported to District 9 Registrar for Massachusetts Hockey Association.

BHSA has a payment plan which allows a family to extend their tuition payments beyond the October 1st deadline. Please list the children participating in BHSA programs along with their team and tuition.

<u>Name</u>	<u>Team</u>	<u>Tuition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment Plan – Total tuition divided by 7 and paid the 15th of each month starting in September and continuing through March 2016. Monthly payment will be _____.

By signing below you agree to the payment terms selected above and acknowledge that failure to stay on this payment plan will void the plan and may result in your child being suspended from BHSA activities unless you notify the BHSA treasurer in writing (BHSA, Attn: Treasurer, PO Box 444, Burlington, MA 01803) or via email (treasurer@burlingtonyouthhockey.org) to work out a new plan.

Name: _____

Signature: _____

Date: ____/____/____

The BHSA Executive Board will review this application and reserves the right to approve or decline this application.

----- BHS A Use Only -----

BHSA Executive Board disposition: Approved Declined Date: _____

President: _____

Treasurer: _____