

# Aspen Junior Hockey

## Financial Aid Application Form

All requested information must accompany this application

### Financial aid will be awarded based on the following criteria:

Financial need based on last year's tax return. Please attach last year's tax form and all W-2 forms. Two parent households filing separate returns must attach both individual's last year forms.

Priority will be given to those applicants who have actively participated in the efforts of AJH or have been involved in its fund raising (i.e. Ducky Derby)

### Conditions of Financial aid:

All participants receiving a financial aid must abide by the following conditions.

- Recipient must abide by AJH and USA Hockey Code of Conduct
- Recipient cannot be involved in any disciplinary actions with AJH, school or local authorities
- Recipient must pay 20% of this year's AJH tuition for their level of play
- Recipient is responsible for all other financial obligations except tuition, i.e. travel expenses, tournament fees, etc.

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Participant's Name \_\_\_\_\_

Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Team for which financial aid is requested \_\_\_\_\_

Amount requested \_\_\_\_\_

Did you receive financial aid last year? \_\_\_\_\_

How much? \_\_\_\_\_ What team? \_\_\_\_\_

Please state why you are requesting financial aid.

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**Please make sure the application is completed in full. Attach last year's tax return and W-2 form.**

Please Print

Mother's full legal name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's full legal name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Gross monthly  
pay \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Gross monthly  
pay \_\_\_\_\_

Did you file a joint or individual tax return last year?

\_\_\_\_\_

Number of dependents claimed on last year's tax return (excluding you/or spouse)

\_\_\_\_\_

Do you own or rent your primary residence? \_\_\_\_\_

Monthly mortgage or rent \_\_\_\_\_

Do you have any other financial obligations (i.e. college tuition)?

\_\_\_\_\_

Amount of other financial obligations \_\_\_\_\_ To Whom?

\_\_\_\_\_

Are you applying for financial aid for another child in AJH? \_\_\_\_\_

Name(s) of other child/children

\_\_\_\_\_

Amount requested for each

\_\_\_\_\_

I hereby acknowledge that the information on this application is true and accurate. I understand that if any information on this application is not true or accurate, then AJH has the right to terminate any financial aid awarded. In this case, the applicant will be obligated to repay AJH the total amount of the awarded financial aid. I have read and understand all my obligations and responsibilities as a recipient of financial aid from AJH.

Father's Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Print Name \_\_\_\_\_