

Mound Westonka Hockey Association
Financial Assistance Request

P.O. Box 266
Mound MN 55364

Player name:

Level:

Player Address:

City:

Zip:

Home phone number:

E-mail:

Parents / Guardian name:

Father:

Work Phone:

Mother:

Work Phone:

MWHA expect families receiving scholarships to participate in volunteer activities.

Please indicate areas of interest:

- * Golf tournament volunteer
- * Warming house volunteer
- * Jamboree volunteer
- * Other: _____

How much time can you offer to volunteer?

Explanation of why financial assistance is needed. Provide as much information as possible. It is MWHA policy to give financial assistance preference to any families that are currently receiving public assistance such as school lunch subsidies or unemployment insurance.