

**EDINA HOCKEY ASSOCIATION FINANCIAL ASSISTANCE APPLICATION
MUST BE SUBMITTED BY SEPTEMBER 15, 2011**

(Use separate application for each child in family)

PLAYER NAME _____ **LEVEL** _____

PLAYER ADDRESS _____

HOME PHONE _____

PARENT/GUARDIAN INFORMATION:

Mother's Name & Address _____

Home Phone _____ **cell phone** _____

Work Phone _____ **E-Mail Address** _____

Father's Name & Address _____

Home Phone _____ **cell phone** _____

Work Phone _____ **E-Mail Address** _____

HAVE YOU RECEIVED FINANCIAL ASSISTANCE FROM EHA IN PREVIOUS YEARS? _____ **If so, when?** _____

TYPE OF FINANCIAL ASSISTANCE REQUESTED:

Payment plan Loan, paid by working at Concessions
 Partial Assistance Full Assistance

DO YOU QUALIFY FOR AFDC, SCHOOL LUNCH, OR FOOD STAMPS? _____
IF YES, WHICH ONES? _____

DID YOUR CHILD PARTICIPATE IN OFF-SEASON HOCKEY PROGRAMS? _____
IF YES, WHICH? _____

EXPLAIN WHY ASSISTANCE IS NEEDED: (Use back of form, if necessary).

**RETURN BY SEPTEMBER 15 TO: Carrie Knowles, EHA Secretary, 5600
Sherwood Ave, Edina MN 55424.**