

**EDEN PRAIRIE HOCKEY ASSOCIATION
FINANCIAL ASSISTANCE APPLICATION**

*** MUST BE SUBMITTED BY AUGUST 31, 2010

*** USE SEPARATE APPLICATION FOR EACH PLAYER IN FAMILY

PLAYER INFORMATION

PLAYER NAME _____

LEVEL _____

ADDRESS _____

HOME PHONE _____

PARENT/GUARDIAN INFORMATION

PARENTS NAME _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

Have you received a Financial Scholarship from EPHA in the past? _____

If so, when? _____

Type of Financial Scholarship Requested:

Payment Plan _____

Partial Assistance _____

Full Assistance _____

Do you qualify for AFDC, School Lunch, or Food Stamps? _____

Did your child participate in off-season hockey programs? _____

If yes, which programs _____

Explain why assistance is needed:

Return by August 31st to: Mike Casey EPHA Treasurer, 14842 Hickory, CT Eden Prairie, MN 55346