CHAMPLIN PARK YOUTH HOCKEY ASSOCIATION
FINANCIAL ASSISTANCE APPLICATION

(Submit a separate application for each child you are reqesting Financial Assistance for)
Applications must be submitted by August 27, 2010 and be mailed to:
CPYHA Financial Assistance, P.O. Box 152, Champlin, MN 55316

PLAYER INFORMATION:

Name _____
Address _____
Home Phone _____
Hockey Level _____

PARENT/GUARDIAN INFO:

Mother's Name _____
Mother's Address _____
Home Phone _____
Work Phone _____
Mobile Phone _____
Email Address _____

Father's Name _____
Father's Address _____
Home Phone _____
Work Phone _____
Mobile Phone _____
Email Address _____

HAVE YOU RECEIVED FINANCIAL ASSISTANCE FROM THE CPYHA IN PREVIOUS YEARS?

IF YES, WHEN?

DOES YOUR FAMILY QUALIFY FOR OTHER PUBLIC ASSISTANCE PROGRAMS (AFDC, School Lunch, Food Stamps, Unemployment Insurance, etc…)?

IF YES, WHICH ONES?

ASSISTANCE LEVEL REQUESTED (Registration Fees & Monthly Ice Bills)

1) 20% Assistance / 80% Family Responsibility
2) 40% Assistance / 60% Family Responsibility
3) 60% Assistance / 40% Family Responsibility
4) Other (Please Describe)

PLEASE DESCRIBE THE CIRCUMSTANCES LEADING TO YOUR REQUEST FOR FINANCIAL AID:

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