

Minnetonka Youth Hockey Association

Financial Assistance Application

Player name: _____

Level: _____

Player Address: _____

City: _____ Zip: _____

Home phone number: _____

e-mail: _____@_____

Parents / Guardian name:

Father: _____ Work Phone: _____

Mother: _____ Work Phone: _____

MYHA would prefer families receiving scholarships participate in volunteer activities as opposed to "buying out". Please indicate your ability to participate in this activity:

Volunteer hours: Participate or buy out

Explanation of why assistance is needed. Provide as much information as necessary, use back of form if needed. It is MYHA policy to give scholarship preference to any families that are currently receiving public assistance such as school lunch subsidies or unemployment insurance.

Information submitted on this form is strictly confidential.