



**MINNESOTA SPECIAL HOCKEY  
FINANCIAL ASSISTANCE APPLICATION**

PLAYER NAME \_\_\_\_\_ TEAM \_\_\_\_\_

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 MSHA IN PREVIOUS YEARS? \_\_\_\_\_ If so, when and how much? \_\_\_\_\_

TYPE OF FINANCIAL ASSISTANCE REQUESTED:\*\*\* see below for volunteer options

\_\_\_ Payment plan

\_\_\_ Partial Assistance

\_\_\_ Full Assistance

DO YOU QUALIFY FOR AFDC, SCHOOL LUNCH, OR FOOD STAMPS? \_\_\_\_\_

IF YES, WHICH ONES? \_\_\_\_\_

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

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**VOLUNTEER OPTIONS ~**

\_\_\_ Home team host

\_\_\_ Announcer at games

\_\_\_ Player bench organizer

\_\_\_ Locker room assistant

\_\_\_ Various fundraising opportunities