

**HCYHA FINANCIAL ASSISTANCE APPLICATION MUST BE
SUBMITTED BY OCTOBER 1**

(Use a separate application for each player)

PLAYER'S NAME _____ LEVEL _____

PLAYER ADDRESS _____

HOME PHONE _____

PARENT/GUARDIAN INFORMATION:

Mother's Name & Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Father's Name & Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

HAVE YOU RECEIVED FINANCIAL ASSISTANCE FROM HCYHA IN PREVIOUS YEARS?

Circle one: YES NO (circle one) If yes, when? _____

TYPE OF FINANCIAL ASSISTANCE REQUESTED: ___ Partial Assistance ___ Full Assistance

DID YOUR CHILD PARTICIPATE IN ANY OFF-SEASON HOCKEY PROGRAMS?

Circle one: YES NO If yes, which ones? _____

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

Submit completed form by October 1 to: Ken White, HCYHA Executive Director, PO Box 193, Hibbing, MN 55746 or via email at whiteke12@yahoo.com. All requests will be kept confidential.