

LAKEVILLE HOCKEY ASSOCIATION
FINANCIAL AID REQUEST FORM 2012/13

The following is the financial aid request form that must be filled out completely in order for the LHA financial aid committee to consider your request for help. We realize that the completion of a form such as this may be a difficult thing for you to do but in order for the committee to understand your needs and situation we must get the information. We promise that this information will be treated with the utmost respect and confidentiality and will only be reviewed by the LHA President, Treasurer and VP of Operations.

Full Name: _____
Street address: _____
City, State and ZIP: _____
Home and Cell phone #'s _____
Email address: _____
Name of Player(s) you are requesting aid for: _____
Level (Mite, PeeWee etc.) Player(S) are at: _____
Team Name and Coach:(if known) _____
Team Manager Name: (if known) _____

Why are you applying for aid? Has anything recently changed in your life financially, since last hockey season, that we need to know about? Explain fully: _____

Have you received financial aid from LHA previously? Y N

Annual Household Income: _____
Monthly House/Rent payment: _____
Monthly Car payment if applicable: _____
Other monthly Fixed Debt payments: _____ (Explain what payments are for: _____)
Total Number of people that live in your household and supported by the above income figure: _____ (if divorced, do you have custody Y N)

Note: Award is limited to \$100 for Mite Prep, Mite, U8, \$200 for squirt and U10, and \$300 for all remaining levels. The credit is applied to the second team payment. You will be expected to remain current with all other required payments. Please see the LHA handbook for additional information. The Financial Aid Committee reserves the right to request proof of any of the figures requested above (e.g. Paycheck stubs, copy of checks, copy of invoices etc.).

(Signature indicates statements are true and accurate.)

(Date)