

Triangle Youth Hockey of North Carolina (TYHNC) Financial Aid Application Form

Triangle Youth Hockey of North Carolina believes it is important that any child with the desire, commitment, and ability to play hockey should have the opportunity regardless of financial ability to do so. TYHNC offers financial aid in addressing the financial needs of our players.

The financial aid is provided through a Canes grant TYHNC was awarded. TYHNC financial aid applicants must meet one of the two below criteria in order to qualify:

- Total Household Income must be less than \$100,000
 - Total Household Income = Adjusted Gross Income from your most recent Federal Tax Return
- Household income per household member must be less than \$30,000 per person
 - Total Household Income / total number of immediate family members living in house

If a family qualifies for financial aid, there are two levels of financial assistance:

- Level 1: Registration Fees are reduced 66%
- Level 2: Registration Fees are reduced 33%

Financial Aid Funding Shortfall: In the event TYHNC does not have sufficient funds to satisfy all qualifying financial aid applicants per the above model: Level 1 financial assistance will be depreciated in increments of 6%, and Level 2 financial assistance will be depreciated in increments of 3%, until the point is reached where funding required is at or below funds available.

Financial Aid Fund Surplus: In the event TYHNC does not distribute all allocated funds to financial aid applicants in a given fiscal year, the surplus funds will remain in the TYHNC general fund, but be earmarked as "Financial Aid Surplus" in the monthly management financial statements. This surplus amount should be held and used to offset potential future financial aid fund shortfalls. In the event the surplus becomes excessive and/or the board determines the funds will likely not be required to meet need based financial aid in future years, the board may utilize some, or all, of the funds to satisfy non-need based financial aid objectives of TYHNC (to be applied uniformly, objectively, and impartially).

Applications and all necessary supporting documents and sent to the TYHNC Treasurer
Triangle Youth Hockey of North Carolina
Kirsten Crapnell 207 Lucas Lane, Chapel Hill, North Carolina 27516 (kirstencrapnell@gmail.com)

ALL INFORMATION RECEIVED IS HANDLED WITH ABSOLUTE CONFIDENTIALITY

The following items must be submitted as part of the Application Process:

Mandatory:

1. Financial aid application (attached).
2. Prior year tax return as filed with the IRS or IRS 4506-T form (transcript to directly obtain a copy of the most recent tax information from the IRS). Please also include business income returns if applicable.

Optional:

3. Other situational factors that can be taken into account to assess need (i.e.... medical conditions, hardship situations, dependent care, recent loss of job, etc....)
4. Recommendation from previous hockey coach describing key characteristics of applicant.

Each player receiving financial aid must meet and adhere to all guidelines set forth in the USA Hockey Code of Conduct, and demonstrate dedication through consistent attendance at team practices and games. It is the responsibility of each family receiving financial aid to reciprocate through active participation in the organization, including the mandatory ten (10) volunteer hours. Failure to adhere to these guidelines can result in the forfeiture of the financial aid award.

In order to be considered for financial aid, this form must be completed in its entirety along with the IRS 4506-T form. Both forms must be submitted to TYHNC for processing and review by Financial Aid committee. *Any application received after the posted deadline may not be considered.*

Financial aid awards are not talent based. Requests are not automatically approved; applicants will be notified whether approved or denied. Please note that awards are approved and issued by the TYHNC Finance Committee and not by our coaching staff.

For any questions regarding the Financial Aid process, please contact Kirsten Crapnell.

Name	Player	Mother/Guardian	Father/Guardian
First			
Last			
Occupation			
Employer			
Address			
Phone (home)			
Phone (cell)			
Email			
Team			

Dependent Children (*children living in the home who are under the age of 18*):

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Annual Household Income \$ _____

NOTE: All sources of income must be included as part of the application process, including that from business ownership. Applicants found to have willfully omitted income from their application or otherwise attempted to mislead TYHNC with respect to financial need will be immediately disqualified

I understand that applying for financial aid does not automatically grant me financial aid. I certify that the above information is correct and true to the best of my knowledge.

Signature _____ Date _____