

# Brainerd Amateur Hockey Association

Financial Assistance Application  
MUST BE SUBMITTED BY AUGUST 25<sup>th</sup>.  
(Use separate application for each child in family)

**All information provided on this form is strictly confidential. Please make sure to review this application thoroughly as incomplete applications will not be considered. Financial assistance is not available to you if you have unpaid fees, unfulfilled volunteer hours and/or fundraising obligations that have not been met to BAHA from prior years.**

**Please select volunteer opportunities you will help with in addition to your required hours: (10 hours required in addition to normal family requirements for regular season)**

Concession Stand Worker \_\_\_\_\_  
Brainerd Ice Fishing Extravaganza Shifts \_\_\_\_\_  
Essentia Health Sports Center Clean-up & Various Projects \_\_\_\_\_

## Player Information:

Name: \_\_\_\_\_ Level: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Parent/Guardian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Parent/Guardian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Amount of Financial Assistance Needed (place a mark next to the requested amount; for partial please indicate the amount):**

\_\_\_ Full \_\_\_ Partial, amount requested \_\_\_\_\_

HAVE YOU RECEIVED FINANCIAL ASSISTANCE FROM BAHA IN PREVIOUS YEARS? Y N

IF SO, WHEN? \_\_\_\_\_

DO YOU QUALIFY FOR AFDC, FREE/REDUCED SCHOOL LUNCH, OR FOOD STAMPS? Y N

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

Please explain why assistance is needed. Provide as much information as necessary (please use additional paper if necessary).

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**In order for BAHA to consider your application for financial aid, we require your prior year's federal tax return along with this form (prior 2 years is preferred). Please note: if you file separately, we need copies of both parents prior year's tax returns. As mentioned previously, this information is confidential and after determination of this application, any personal information will be properly disposed of (except for this form)**

By signing below, I hereby certify that all the above information is true and correct, and I understand that BAHA may verify the information on the application or ask for additional information. I also understand that I will be required to donate time to BAHA (in addition to required volunteer concession hours and volunteer pool hours) to help offset the financial assistance received.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to BAHA either in person or via US mail:

In person:

Essentia Health Sports Center (2<sup>nd</sup> Floor)  
502 Jackson Street  
Brainerd, MN 56401

Via US mail:

BAHA  
PO Box 38  
Brainerd, MN 56401