



## APPLICATION FOR FINANCIAL ASSISTANCE

### APPLICANT/PARENT INFORMATION

Parent/Guardian 1: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Address, City, Zip: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Address, City, Zip: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_

### PLAYER INFORMATION Assistance is being requested for the following players.

Player Name: \_\_\_\_\_ Age/Level: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age/Level: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age/Level: \_\_\_\_\_

### FINANCIAL ASSISTANCE REQUEST Applications will NOT be considered if the applicant has outstanding financial responsibility to BHA.

Please describe why you are requesting financial assistance. Provide as much information as possible and use the back of the form if you need more space. If you are currently receiving public assistance, please share. All information collected is strictly confidential.

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Has any of the above players received financial assistance from BHA in previous years? If yes, what years?

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If your family has previously received financial assistance from BHA, please describe the volunteer service that you performed and the number of hours volunteered:

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Please described the amount and type of volunteer hours you are willing to perform for BHA if financial assistance is approved for the current season:

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*I hereby certify that the information submitted on this form is true and accurate. I understand that BHA may verify the information on this application or ask for additional information. Providing false information will result in denial of financial assistance.*

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Applicant Signature

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Date

**Return completed applications to:**

Blackhawk Hockey Association

Attn: Registrar

PO Box 482

Baldwin, WI 54002

[ajvanranst@baldwin-telecom.net](mailto:ajvanranst@baldwin-telecom.net)