

Eagan Hockey Association (EHA)
Financial Assistance Application for 2020-2021

(Use separate application for each child in family)

Financial Aid does not cover USA Hockey Registration, EHA team slush fund fees, or travel expenses.

Player name: _____ Player age _____ Player grade _____

2020-2021 Level _____ Is your player a goalie? Y/N _____

Player Address: _____

City: _____ Zip: _____

Email to use for Financial Aid Correspondence: _____

Parent/Guardian #1 Name: _____ Phone: _____

Address (if different than player): _____

Parent/Guardian #2 Name: _____ Phone: _____

Address (if different than player): _____

Financial assistance requested _____ Full Assistance _____ Partial Assistance _____ Payment Plan

Have you received financial assistance from EAH in previous years? _____ If yes, please list

years: _____

Do you qualify for public assistance (ex. free/reduced school lunch, SNAP, etc)? _____

Did your child participate in off-season hockey programs? _____ If yes, please list programs:

Please provide a sponsor (A sponsor is a person who has knowledge of your current needs and financial situation and is willing to attest if contacted by EHA Financial Aid Coordinator.)

Sponsor Name: _____

Sponsor Phone: _____ Relationship to Player: _____

Please explain why assistance is being requested. Provide as much information as necessary (use separate sheet as necessary).

I hereby certify that all of the above information is true and correct, and I understand that EHA may verify the information on the application or ask for additional information.

Applicant Signature: _____ Date: _____

Return completed application to the EHA Treasurer via email rthomas@eaganhockey.com

Ryan Thomas - EHA Treasurer