



MOUND WESTONKA HOCKEY ASSOCIATION  
FINANCIAL ASSISTANCE PROGRAM APPLICATION

**MUST BE SUBMITTED PRIOR TO PLAYER REGISTRATION**

**Applicant Information**

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Address, City, ZIP \_\_\_\_\_

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Address, City, ZIP \_\_\_\_\_

Assistance is being requested for the following child/children:

Player Name: \_\_\_\_\_ Age division\*: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age division\*: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age division\*: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age division\*: \_\_\_\_\_

*\*NOTES: Mite, 6U and 8U players do not qualify for financial assistance.*

Total Combined Parental Income: \$ \_\_\_\_\_

*Application must include proof of income to be considered for financial assistance  
Your application will NOT be considered if you have unpaid fees to MWAH from prior year(s).*

Did your child/children participate in off-season hockey programs (AAA, MASH, etc.)?

Yes \_\_\_ No \_\_\_ If yes, what programs? \_\_\_\_\_

Has your family received financial assistance from MWAH in prior years? Yes \_\_\_ No \_\_\_

If yes, what year(s) was assistance received? \_\_\_\_\_



If your family previously received MSHA financial assistance, please describe the volunteer service that you performed and the numbers of hours volunteered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select volunteer opportunities of interest and number of hours of service you are willing to perform for the MSHA:

Concession stand (Oct–March) \_\_\_\_\_ Outdoor rink maintenance (Dec-Feb) \_\_\_\_\_  
Golf Tournament (July/Aug) \_\_\_\_\_ District and regional tournaments (Feb-Mar) \_\_\_\_\_  
Other (please specify): \_\_\_\_\_

Please explain why financial assistance is needed. Provide as much information as possible and use the back of this form if more space is needed. It is MSHA policy to give preference to families that are currently receiving public assistance such as AFDC, food stamps, EBT, medical assistance, school lunch subsidies, or unemployment insurance. **All information provided on this form is strictly confidential.**

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

Applicant(s) Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Return signed application and proof of income to:  
**Mound Westonka Hockey Association**  
**Attn: Treasurer**  
**P.O. BOX 266 Mound, MN 55364**  
**or by email to: [treasurer@westonkahockey.org](mailto:treasurer@westonkahockey.org)**

