



# Bay Harbor Minor Hockey Association

## Financial Assistance Application

**Fill out the application below and submit with the following information:**

1. Last 2 Pay Stubs from all employment or W-2 withholding statement
2. Last 2 years income tax return showing their adjusted gross income
3. Letter to the Board of Directors explaining why you are applying for financial assistance.

**Personal Information:**

Player Name:	Team Division:
--------------	----------------

**Head of Household**

**Spouse (or other income contributor)**

Full Name :		Full Name:	
Address:		Address:	
City, State, Zip		City, State, Zip	
Relationship to Player:		Relationship to Player:	
Phone:		Phone:	
Employer:	Annual Income:	Employer:	Annual Income:

(Attach copy of IRS Tax Return – last 2 years)

(Attach copy of IRS Tax Return – last 2 years)

**People in household**

Full Name	Relationship	Birth date (mo/day/year)

I understand that the information I am giving will be verified by Bay Harbor Minor Hockey Association. I certify that the above information is true and accurate to the best of my knowledge.

Signature:	Date:
------------	-------

Applications will be reviewed by the Board of Directors of the Bay Harbor Minor Hockey Association to determine which player may receive financial assistance towards the players dues.