



Tuition Assistance Application
*****DUE BY JULY 20, 2020*****

The Gulls recognize the high financial commitments of hockey and the stress that can put on families. The Gulls can offer some tuition assistance based on need. Please note that tuition assistance of previous seasons is not automatically applied each year and the amount/terms will vary year to year. Tuition Assistance information is held in confidential standing in respect to the families.

Terms of financial assistance are as follow:

- 1) Completed application must be scanned/emailed to ADMIN@LIGULLS.ORG no later than JULY 20.
- 2) Commitment Fee of 10% MUST be paid before consideration for assistance.
- 3) Application **must** include a copy of the first 2 pages of 2019 tax forms for both parents.
- 4) Please include financial documents that help to demonstrate need- for example: free/reduced lunch, Medicaid/Medicare documents, SNAP, work disability, etc.
- 5) If divorced, both parents must provide documentation AND must indicate which parent will be the party responsible for paying the tuition
- 6) Team Fees, travel, and equipment fees are **not** included in tuition assistance. Teams will be participating in sponsorships and fundraisers to help defer these costs.

Family Contact Information:

Guardian 1 Name: _____

Email: _____

Phone: _____

Guardian 2 Name: _____

Email: _____

Phone: _____

Player Information:

Player Name	20-21 Team	Remaining Tuition Due*

*exclude deposits made

Did you player(s) participate in any off-season or supplemental hockey programs, camps, tournaments? **YES** **NO**
 If Yes, please specify the programs/camps and fees paid:

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____



Financial Information:

	Father/Guardian 1	Mother/Guardian 2	Joint/Combined
Current Employer			
2019 wages, salary and or self-employment income			
Annual income from alimony and/or child support			
Other annual income			
Monthly mortgage or rent payments			
Estimated 2020 wages, salary and/or self-employment income			
Government Financial Assistance: free/reduced lunch, food stamps, etc.			
Number of dependents			
Other information you would like us to consider (change in employment, medical conditions, special needs children, etc)			

Tuition Assistance Amount Requested: \$ _____

Under penalty of perjury, I declare the foregoing is true and correct. By submitting this application, I recognize that the determination to award assistance is the sole discretion of the Gulls Amateur Hockey Association and that I may be asked to supply documentation, including tax returns.

 Signature

 Date

 Signature

 Date