



# BRANDON VALLEY HOCKEY ASSOCIATION

www.brandonvalleyhockey.com Facebook: Brandon Valley Hockey

## Financial Assistance Application

This financial assistance application must be filled out **completely** to be considered. We realize asking for assistance can be difficult; however, the BVHA Executive Committee needs to understand your situation to make a decision on assistance. This information will be treated with the upmost respect and confidentiality. Mail the completed form and any supporting documents to: PO Box 174, Brandon, SD 57005.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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

Name of player(s) and level of play

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you received financial aid from BVHA in the past? Check one: ☐ YES. When? \_\_\_\_\_ ☐ NO

Explain why you are applying for aid (continue on back if needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any financial assistance programs for which you currently qualify. Documentation from these programs must be provided along with this application.

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Internal BVHA use only.

Date reviewed: \_\_\_\_\_ Approved? ☐ YES ☐ NO Amount of Assistance \$ \_\_\_\_\_

Signatures:

President/Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Past President: \_\_\_\_\_