



Elmira Jackals Youth Hockey Association

Financial Assistance Program

General Information

It is the goal of Elmira Jackals Youth Hockey (EJYH) to provide kids the opportunity to play hockey, regardless of their family's ability to pay. The intent is to keep kids playing the game of hockey rather than be forced out by a financial hardship. Because EJYH recognizes many levels of need, the Board of Directors or its designated Financial Assistance Committee shall award assistance based on the amount of funds available and the demonstrated financial need of the applicant.

EJYH realized that asking for assistance may be difficult for some members. We want to assure you that all information related to the application and disbursements will be kept in the strictest of confidence within the EJYH Financial Assistance Committee (FAC).

Factors for approval will include but are not limited to:

1. Demonstrated financial need.
2. Availability of funds.
3. Completed financial aid form (incomplete forms will not be considered).
4. Volunteer commitment and mandatory participation in any fundraising activities.
5. Player willingness to conduct one's self in an exemplary manner consistent with the ideals, rules and standards of the Elmira Jackals Youth Hockey Association and USA Hockey.

Procedures

The FAC will accept completed forms until **October 1st** of the upcoming hockey season. Exceptions may be reviewed on a case-by-case basis; however, because there is a limited amount of funding available, we strongly suggest you submit your application prior to the deadline.

The FAC will meet in a **closed and confidential** session to make their selections based on applicant information and guidelines established by the Board.

Application Checklist:

- Completed Application Form
- First page of 1040 tax Form showing adjusted gross income and members of household for both parents (if filing separately) **OR** official letter from the State granting either free or reduced meal School Lunch Program (must indicate either free or reduced).



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Player Name _____ Age _____

Player Level _____ Birth Date _____

Mother/Guardian Information:

Father/Guardian Information:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

Employer _____

Employer _____

The above parents/guardians are:

_____ Married to Each other _____ Divorced or Legally separated

If divorced or separated, which parent has primary custody? _____

Will non-custodial parent be sharing any cost of players expenses? _____

Number of family members living in household: _____

Has your family experienced an unexpected financial hardship? ___ Yes ___ No If yes,
please explain:



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Mail Completed Forms with Required Documentation to:

EJYH Financial Committee
PO Box 174
Horseheads NY 14845

Please write 'Confidential' on the outside of the mailing envelope.

For consideration all documentation must be completed and submitted prior to **October 1, 2010** for the 2010-2011 hockey season.

The Financial Assistance Committee will meet and review all applications by **October 15th**. Applicants will be notified by email to address listed on application. A follow-up letter will be mailed to the address listed on application.

Any questions or comments regarding the results are to be directed to the President of the Board.