

**AVHA FINANCIAL ASSISTANCE APPLICATION  
MUST BE SUBMITTED BY SEPTEMBER 13, 2008**

(Use a separate application for each player)

PLAYER'S NAME \_\_\_\_\_ LEVEL \_\_\_\_\_

PLAYER ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Mother's Name & Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Name & Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**HAVE YOU RECEIVED FINANCIAL ASSISTANCE FROM AVHA IN PREVIOUS YEARS?**

Circle one: YES NO If yes, when? \_\_\_\_\_

**TYPE OF FINANCIAL ASSISTANCE REQUESTED:**

\_\_\_ Payment Plan \_\_\_ Partial Assistance \_\_\_ Full Assistance

**DO YOU QUALIFY FOR AFDC, SCHOOL LUNCH, OR FOOD STAMPS?**

Circle one: YES NO If yes, which ones? \_\_\_\_\_

**DID YOUR CHILD PARTICIPATE IN ANY OFF-SEASON HOCKEY PROGRAMS?**

Circle one: YES NO If yes, which ones? \_\_\_\_\_

**EXPLAIN WHY ASSISTANCE IS NEEDED:** (Use back of form, if necessary).

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**Submit completed form by September 13th, 2008 to:**  
Mishelle Toavs, AVHA Treasurer, PO Box 240504, Apple Valley, MN 55124