

AVHA FINANCIAL ASSISTANCE APPLICATION
(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).

Submit completed form to:

Mishelle Toavs, AVHA Treasurer, PO Box 240504, Apple Valley, MN 55124 or via email at treasurer@applevalleyhockey.com. All requests will be kept confidential.