

2018 – 2019 APPLICATION FOR FEE ASSISTANCE

(Please Print. Application must be completed in its entirety. Blank spaces may disqualify applicant.)

I. APPLICANT INFORMATION

Applicant's Name:		USAH-IMR #:				
Applicants Parent (1) or Legal Guardian	:					
Address:						
City:	_	State: UT Zip:				
Home Phone ()	_	Cell Phone ()				
Work Phone: ()	_	E-mail address:				
Applicants Parent (2):						
Address:						
City:	_	State: Zip:				
Home Phone ()	_	Cell Phone ()				
Work Phone: ()	_	E-mail address:				
Is the Applicant a Ward of the Court?	Yes	No				
Is the Applicant a Foster Child?	Yes	No				
The Applicant is participating with which UAHA Sub Affiliate/Member Organization(s)?						
The Applicant is participating with which	6 7 ti 17 t					
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II. APPLICANT'S HOUSEHOLD MA	AKEUF	<u>-</u>				
Father Mother		BrothersSisters				
Number of Youth Hockey Players in Household						
III. APPLICANT'S TOTAL INCOME						
Applicant's Gross Monthly Income from all sources: \$						

(Proof of Income may be requested by the Selection Committee. Failure to submit within 10 business days of being requested by the review committee is grounds for the denial of the application)

V. <u>HARDSHIP</u>

The Applicant has suffered an extreme hardship or requires assistance due to special circumstances. Please describe the hardship below or attach separate page, under signature, the nature of such hardship or circumstances. Attach separate page if necessary.

VI. <u>CERTIFICATION</u>

I certify that the above information and any additional information provided with this application or subsequent to this application is true and correct and that all income has been reported. I understand that this information is being given for the purpose of determining the possible allocated of fee assistance to the applicant named above for the specific purpose of assisting him/her with ice hockey fees to be incurred during the 2018 - 2019 season for participation on a bone fide Utah Amateur Hockey Association Sub-Affiliate/ Member Organization. I also understand that should I present false or misleading information to secure the allocation the application will be denied and I agree to return all funds.

Parent/Guardian Signature	Date		
Parent/Guardian Signature			
VII. <u>UTAH AMATEUR HOCKEY ASSO</u> ORGANIZATION CERTIFICATION/REQU			
Utah Amateur Hockey Association Sub-Affiliate/ Member for participation on this team for each player is \$application to determine eligibility and recommend	tes with the program, a er Organization which is in good standing with UAHA. The fee I hereby request that UAHA review his/her an award of \$ (\$250 is the maximum awardwill match the fee assistance if awarded by UAHA in atching amount)		
Sub-Affiliate/Member Organization Signature	Date		
(Please Print Name)			

Return the Application for Fee Assistance to: Derrick Radke, President UAHA dradke@allwest.net

If the reason for Fee Assistance is other than financial (ie. Extreme hardship); a letter must be submitted by

the sponsoring organization certifying to the hardship.

****DO NOT WRITE BELOW THIS LINE**** For use by UAHA Fee Assistance Committee

The Application is:				
Amount of Award: \$				
If denied, please indicate	the reason(s):			
				_
Signature of Chairman of the U	AHA Eoo Assistans	o Committoo	Date	