

Weymouth Youth Hockey, Inc.
Temporary Hardship -
Financial Assistance Application
Financial Information required for WYH Assistance

ALL APPLICATION INFORMATION IS STRICTLY CONFIDENTIAL

For consideration all documentation should be completed and submitted to:

Weymouth Youth Hockey
PO Box 890253
Weymouth, MA 02189

Or

Attach to an email to wyh.treasurermk@gmail.com

Please mark on the outside of the mailing envelope or the subject line to the email -
“Confidential”.

Policies

- All applications will be reviewed in confidence;
- Financial Hardship Assistance is reviewed annually, is not guaranteed, and is not intended to be a long-term solution;
- Assistance is not available for Learn to Play or Learn to Skate;
- Assistance may be refused / revoked if family information is found to be inaccurate;
- Assistance may be refused / revoked if there is evidence that the financial condition has improved

The Application for tuition relief requires the following items be disclosed:

1. Family Information
2. Financial Information
3. Other considerations that should be taken into account to understand need
 - a. (i.e. medical conditions, financial situations, dependent care, job loss)
 - b. (please indicate the amount of relief you are seeking)

The Application for an extended payment plan requires the following items be disclosed:

1. Family Information
4. Proposed Payment Plan

1. Family Information

Player(s) Name:	
Address:	
Home Telephone:	Cell Phone:
2018-2019 Season	
Age Group <i>(please indicate the number of children at each level)</i>	
Mite _____ Squirt _____ PeeWee _____ Bantam _____ Midget Full _____	
Midget Short _____ Girls U10-U14 _____ Girls U19 _____	
Father's Name:	
Father's Complete Address:	
Phone Number	
Mother's Name:	
Mother's Complete Address (if different):	
Phone Number	
Number of Dependents _____	
List other activities dependents are involved in and approximate cost for each <i>(*tuition relief is not available if children participate in club sports (soccer, hockey, etc.)*)</i>	
Have you received financial assistance from WYH, previously?	

2. Financial Information

Father's Employer (if applicable):		Length of Time at Current Employer:	
Father's Annual Income (if applicable):			
Current Income from Other Sources (if applicable): (Alimony, Renters, etc)			
Type: _____		Amount: _____	
Type: _____		Amount: _____	
Housing (Circle One) (if applicable)			
Own		Rent	
Monthly Payment: _____			
Mother's Employer (if applicable):		Length of Time at Current Employer:	
Mother's Annual Income (if applicable):			
Current Income from Other Sources (if applicable): (Alimony, Renters, etc)			
Type: _____		Amount: _____	
Type: _____		Amount: _____	
Housing (Circle One) (if different)			
Own		Rent	
Monthly Payment: _____			
WYH Suggests that Tuition Relief Recipients Volunteer at our Snack Bar or Various Fundraising Activities. Is Either Parent Able to Volunteer?			
Which Activity(ies)?			
Signature of parent:		Date:	

3. Other Considerations:

Briefly describe your financial circumstance and why assistance is required.
May use other side of this sheet if needed.

4. Proposed Payment Plan:

For those seeking an extended payment, please suggest a payment schedule for consideration. Payment plans are to be completed by Dec. 1st.

Date:	__/__/__	Amount:	\$ _____
Date:	__/__/__	Amount:	\$ _____
Date:	__/__/__	Amount:	\$ _____
Date:	__/__/__	Amount:	\$ _____
Date:	__/__/__	Amount:	\$ _____
Date:	__/__/__	Amount:	\$ _____
Date:	__/__/__	Amount:	\$ _____
Date:	__/__/__	Amount:	\$ _____

I understand the information contained on this form is considered privileged and will be held in confidence. I further authorize a WYH Board representative to make whatever inquires deemed necessary to verify the information provided.

Signature of Father (if applicable): _____ **Date:** _____

Signature of Mother (if applicable): _____ **Date:** _____