

ORLANDO YOUTH HOCKEY ASSOCIATION

Financial Assistance Guidelines

- ✎ Financial Assistance shall be limited to a maximum of 50% tuition per recipient per year.
- ✎ Financial Assistance will be awarded on an objective and nondiscriminatory basis. Any applicant with a combined adjusted gross income (typically shown on Line 36 of IRS Form 1040) of \$60,000 or more will not qualify for a scholarship award
- ✎ **Players awarded financial assistance from OYHA are not permitted to play on any tournament team not sponsored by OYHA. Failure to comply will result in loss of scholarship.**
- ✎ If awarded, the family's commitment for the balance will be paid in full by an approved payment method prior to November 1st to avoid interruption in their child's ice time.
- ✎ In the event that a player leaves OYHA during the season for any reason in which a scholarship has been awarded, 100% of the scholarship award must be refunded back to the OYHA.
- ✎ **Families receiving aid must volunteer for 20 hours time with the club during the season**
- ✎ A complete application* must be submitted to the OYHA President or Treasurer on or before August 1st.
- ✎ The OYHA Financial Assistance committee will review all applications for financial assistance and will notify all applicants as quickly as possible whether or not they have qualified.

***A complete application for financial assistance consists of:**

- Previous year Tax Returns including w-2's and all schedules (personal and corporate)
- Academic information - final transcript or report card from last academic year
- Two most recent paycheck stubs from employment (current balance sheet and income statement of business if self-employed)

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Financial Assistance Application

OYHA is making a limited number of opportunities available to players who might otherwise not be able to participate in travel hockey. Selection of players for this financial assistance is based on financial need, academic performance in school, and involvement in school and community activities. All information required must be provided before any application will be considered.

PERSONAL DATA

Player's Name: _____ Player's Birth Date ____/____/____

Parents' Names _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone(s) _____

E-mail addresses: Home _____ Work _____

EMPLOYMENT AND FINANCIAL DATA

Father's Employment: _____

Salary/Income: _____ weekly/monthly/yearly

Mother's employment: _____

Salary/Income: _____ weekly/monthly/yearly

Please list any sources and amounts of income other than from employment:

Please describe any major changes in income or unusual expenses in the last two years:

ACADEMIC INFORMATION

Name of School Attended Last School Year _____

School District _____ Grade Last Year _____

Homeroom/Advisory Teacher Last Year _____

List and describe any academic honors _____

EXTRACURRICULAR AND COMMUNITY ACTIVITIES

Please list and describe player's extracurricular or community activities (last 2 years)

Please describe any other circumstances or aspect of your situation that you think should be brought to OYHA's attention in considering your application:

(Attach an extra sheet if necessary)

Your completed application must be returned to OYHA President or Treasurer on or before August 1st or mailed to:

Orlando Youth Hockey Association c/o RDV
Ice Den
8701 Maitland Summit Blvd
Maitland, FL 32794 - 8571