

SCAHA Financial Assistance Application for the 2024-2025 Season

Date: _____

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

Street Address, City and Zip: _____

Phone # **and** Email Address: Phone: _____ Email: _____

2024-25 Club/Team/Level: _____
Current Division
(Circle One): 8U 10U 12U 14U 16U 18U

2023-24 Club/Team/Level: _____

2022-23 Club/Team/Level: _____

Have you received SCAHA financial assistance in prior years **(Circle One)**: Yes No

How many years total have you received SCAHA financial assistance?

Please indicate the total club dues for the 2024-2025 season club team

Please indicate your Monthly Payment Plan Amount and payment period for 2024-2025 club team; e.g. \$1000/monthly-July 15 thru to March 15

Mother's Name*: _____

Father's Name*: _____

Mother's Occupation*: _____

Father's Occupation*: _____

Player lives with **(Circle One)**: Both Parents* Mother* Father* Other

Total children in family: _____ Other Dependents: _____ Current Monthly Gross Income**: _____

Number of Children playing travel hockey: _____ 2024 Estimated Total Annual Gross Income**: _____

*-Applications **MUST** come from a documented legal and financially responsible parent or guardian.

State briefly why you need financial assistance (attach additional information if necessary):

Parent's Signatures:

Mother*: _____ Father*: _____

All information submitted will be kept confidential

Send this application form, one for each player, along with (A) a copy of the first two pages of your 2023 Federal Tax Return (social security numbers omitted please), and (B) a copy of your current income status (i.e, copies of last two (2) months paystubs, or proof of self-employment income, unemployment, disability, social security or workers compensation benefit statements) to:

Rosemary Voulelikas, SCAHA
533 Concord St.
El Segundo, CA 90245

The application and all supporting documentation MUST come from the legal and financially responsible parent, relative or legal guardian. Multi-player families need only submit one copy of supporting documentation.

******Any application that shows a single or combined projected income level at or below \$50,000/yr. **MUST** also provide a **detailed written explanation as to how the player's financial obligations to their respective club/team will be met,** knowing that any SCAHA financial assistance award will cover only a small fraction of the total season fee/club dues.

PLEASE – NO STAPLED DOCUMENTS OR SIGNATURE REQUIRED DELIVERY METHODS!!!!!!
Please note that to be considered for financial assistance for the 2024-2025 season, this application **and** required documentation must be received by SCAHA no later than 5:00 PM **October 15, 2024.** **NO FOLLOWUP WILL BE MADE BY SCAHA TO SECURE MISSING OR INCOMPLETE APPLICATIONS OR INFORMATION.** Such will be deemed an insufficient/incomplete application.