

**Example: (refer to green highlight)**

**SCAHA Financial Assistance Application for the 2024-2025 Season**

Date: September 12, 2024

Player's Name: Johnny Bravo

Date of Birth: mm / dd / yy

Street Address, City and Zip: 000 Main Street, Dangerville, CA 90000

Phone # **and** Email Address: Phone: 111-111-5555

Email: anybody@gmail.com

2024-25 Club/Team/Level: CA Wave AA

Current Division  
**(Circle One):**

8U

10U

12U

14U

16U

18U

2023-24 Club/Team/Level: CA Wave 12UA

2022-23 Club/Team/Level: Jr. Ducks 10UBB

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

**How many years total have you received SCAHA financial assistance?**

2

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

\$ 5500

**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**

\$1000 deposit + \$500/monthly

Mother's Name\*: Mary

Father's Name\*: Joseph

Mother's Occupation\*: Stay at home mom

Father's Occupation\*: engineer

Player lives with **(Circle One)**: Both Parents\*

Mother\*

Father\*

Other

Total children in family: 3

Other Dependents: 1

Current Monthly Gross Income\*\*:

\$6,000

Number of Children playing travel hockey: 2

2024 Estimated Total Annual Gross Income\*\*:

\$72,000

\*-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):**

**HOWEVER ~ 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.

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Parent's Signatures:

Mother\*: Mary Bravo

Father\*: Joseph Bravo

**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.