

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

## SCAHA Financial Assistance Application for the 2025-2026 Season

Date: September 12, 2025

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

2025-26 Club/Team/Level: CA Wave AA  
Current Division  
(Circle One):      8U      10U      12U      14U      16U      18U

2024-25 Club/Team/Level: CA Wave 12UA

2023-24 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 2025-2026 season club team (please include total club dues including deposit)** \$ 5500

**Please indicate your Monthly Payment Plan Amount and payment period for 2025-2026 club team; e.g. \$1000/monthly-July 15 thru to March 15 (only club dues not team assessment dues)** \$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      2025 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 2024 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 2025-2026 season, this application **and** required documentation must be received by SCAHA no later than 5:00 PM October 15, 2025. **NO FOLLOWUP WILL BE MADE BY SCAHA TO SECURE MISSING OR INCOMPLETE APPLICATIONS OR INFORMATION.** Such will be deemed an insufficient/incomplete application.