

PALOUSE YOUTH HOCKEY ASSOCIATION
FINANCIAL ASSISTANCE PROGRAM
2011–2012 SEASON

I. Objective

It is the desire of the Palouse Youth Hockey Association (PYHA) and its parent organization, the Palouse Ice Rink Association (PIRA), that, whenever possible, hockey may be affordable for all interested youth in the Palouse region. In keeping with this mission, it is the objective of PYHA/PIRA to provide financial assistance to those in need. This program, however, does not cover additional/ optional fees that might arise during the course of the season (as examples, the required USA Hockey fee, or fees for optional participation in any out-of-town tournaments).

As the amount of financial assistance that may be offered is limited, the PYHA Financial Assistance Committee (Committee) will utilize the below guidelines to make the most appropriate decisions regarding disbursement of funds. Questions may be directed to the current PYHA Treasurer, Holly Hunsinger, via email (uclahun13@yahoo.com) or phone (208.883.2897).

II. Guidelines

- Any information related to the financial assistance request, including the application, supporting documents, and approval, modification or denial of the application, are to be kept confidential.
- Submitting an incomplete application and/or document(s) containing falsified information is cause for immediate denial of PYHA financial assistance.
- Financial assistance will be awarded on a first-come, first-served basis, based on need and available funds. As such, it is advised that, whenever possible, applications be submitted to the Committee two to three weeks prior to the start of the season. (Our 2011 season starts November 1, 2011.)
- Factors determining approval for financial assistance include, but are not limited to:
- The number of children within the family of the applicant (Applicant) who desire or intend to participate in the PYHA program.
- If Applicant's family meets the requirements of the National School Lunch Program.
- Applicant's family situation indicating financial hardship (written statement).
- The Committee will determine financial assistance approval (including the amount) or denial, and will provide Applicant with an email response within two weeks following receipt of the application.

III. Applicant Requirements

- Applicant must complete and submit the PYHA Application for Financial Assistance, along with a personal, written statement of family hardship (not to exceed one page in length). **The deadline to submit the application and required supporting documents is Friday, October 14, 2011.**
- Applicant is required to register any recipient (Recipient) of funds with USA Hockey, pay the fee, include PYHA as an affiliate and provide a printout of the confirmation page to PYHA. (This is a requirement for all players and part of the standard youth hockey registration process.)
- If an equipment loan is desired, the equipment loan fee will be waived during the current hockey season. Applicant will return any loaned equipment at the end of the season; failure to do so will result in a reasonable charge for the equipment loaned and possible ineligibility for future PYHA financial assistance.
- Over the course of the season, service of a total of 30 hours of approved volunteer time for the immediate family of the Recipient(s) is to be fulfilled by any combination of individuals serving on behalf of the Recipient(s). (This typically includes parent(s)/guardian(s), Recipient(s), siblings, etc.)

Thank you,
PYHA Financial Assistance Committee

PALOUSE YOUTH HOCKEY ASSOCIATION
APPLICATION FOR FINANCIAL ASSISTANCE
2011-2012 SEASON

Applicant (name of **adult** requesting financial assistance): _____

Relationship to Player(s): Father Mother Legal Guardian Other (state): _____

Marital Status: Single Married Divorced Widow(er)

Total Number in Household: _____

Does your family meet the requirements set by the National School Lunch Program? Yes No

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #s: Home: _____ Work: _____ Mobile: _____

Email: _____

Marital Status of Other Parent/Guardian: Single Married Divorced

NET MONTHLY COMBINED HOUSEHOLD INCOME: \$ _____

List the name and date of birth of **each player** for whom you are requesting financial assistance:

Name	Age	Date of Birth	Check Amt of Fee Assist Req'd			
			25%	50%	75%	100%

I have read, understood, and agree to comply with requirements outlined in Section III of the PYHA Financial Assistance Program.

Date: _____ Applicant Signature: _____

If no family member(s) or other representative(s) is (are) able to assist with fundraising or volunteer activities on behalf of any/each potential recipient of financial assistance, please provide the reason(s): _____

Mail completed **application**, and written **statement of family hardship** to:
PYHA Financial Assistance Committee, c/o 1908 East D Street, Moscow, Idaho 83843

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OFFICIAL USE ONLY

Date received: _____

Application completed in full. Attachments received: Hardship statement

Decision: Financial Assistance Approved [circle: Full / Partial] in the amount of \$ _____ Denied

Date PYHA response sent: _____ (attach copy)