

Example: (refer to green highlight)

SCAHA Financial Assistance Application for the 2023-2024 Season

Date: August 12, 2023

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

2023-24 Club/Team/Level: CA Wave AA
Current Division
(Circle One): 8U 10U 12U 14U 16U 18U

2022-23 Club/Team/Level: CA Wave 12UA

2021-22 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 2023-2024 season club team \$ 5500

Please indicate your Monthly Payment Plan Amount and payment period for 2023-2024 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 2023 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.

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 2022 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 2023-2024 season, this application **and** required documentation must be received by SCAHA no later than 5:00 PM **October 15, 2023.** **NO FOLLOWUP WILL BE MADE BY SCAHA TO SECURE MISSING OR INCOMPLETE APPLICATIONS OR INFORMATION.** Such will be deemed an insufficient/incomplete application.