

Arizona High School Hockey Association (AHSOA) Financial Hardship Program Fall Hockey Only

AHSOA'S Financial Hardship Program is designed to provide an opportunity to players who not might not otherwise have the opportunity to play high school hockey. Financial assistance will be granted on a per season basis. Applicants must reapply each season to be considered for assistance. ***Financial assistance is not available for the spring hockey season.***

Guidelines:

1. AHSOA will provide hardship assistance in cases where a family has recently faced a challenging hardship such as income loss, unemployment, divorce, death, medical, etc. These funds are not intended for families who otherwise may be capable of financing their child's or custodian's hockey.
2. The player must be in good financial standing with AHSOA and AAHA.
3. The player must have a minimum 2.0 GPA on a 4.0 scale.
4. The player cannot be participating in any other travel or house hockey.

Application Process:

1. A completed application for hardship assistance must be submitted before **July 1st** of the current hockey season to be considered for this program.
2. Financial Hardship applications must be accompanied by the supporting documentation listed below. If supporting documentation is not included, the application will be withdrawn.
 - a. Copy of parent(s) or guardian(s) current year 1040EZ, 1040, or 1040A IRS tax
 - b. Letter from the applicant's parent(s) or guardian detailing the financial hardship
 - c. Letter of recommendation from a coach or manager that is familiar with the family's situation
 - d. Most recent copy of player's report card/school transcript
3. The Finance Committee will begin reviewing all submitted applications after the deadline.
4. The Financial Committee reserves the right to request additional information.
5. Applicant's name and all information provided will be kept strictly confidential.
6. AHSOA will notify the applicant and the treasurer will credit the player's league fee.
7. Upon acceptance of the hardship funding, the recipient agrees to volunteer at AHSOA sponsored event during the fall season.

**AHSHA's Fall Hockey Financial Hardship Program
Application**

Player Name: _____

Address: _____

City, State, Zip: _____

High School Attending: _____

Team Name: _____

Parent/Guardian Name: _____

Address (if different from above): _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Email complete file to: ahshatreasurer@ahsha.org

Subject: **Hardship Application**

PDF attachment: Application and supporting documents

Any partial submissions will not be considered

If you have any questions please contact the league at: 480-861-2287

For Internal Use Only: _____

_____ Date Approved Amount Awarded: _____

_____ Date Denied Reason for Denial: _____

Date of Player's Registration: _____