

AYHA Playership Application 2023-2024

All information is confidential. See www.athenshockey.com/Pages/2075/Einancial Aid/for more information

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1.	Player Name							
2.	Date of Birth	First Name MM DD YY	Last Name					
3.	Parent/Guardian Name	First Name	Last Name					
4.	Mailing Address							
		Street						
5.	Names & Birth Years of Other	City	State		Zip Code			
	Players in the AYHA	First Name	Last Name		Birth Year			
6.	Youth Player: Plea	First Name ase state, in your own words, why you	Last Name want to play ice h	nockey.	Birth Year			
7.	Parent/Guardian: Please state, in your own words, what you hope your player will gain from playing ice hockey.							
8.		: Please describe any financial circum y not be reflected by the income tax re				Committee to		
	Parent/Guardian Signature		Date of Signature	MM	DD	YY		



AYHA Playership Financial Need Documentation 2023-2024

Enclose this sheet, a copy of your household's 2022 Federal Income Tax Return, and any supporting financial documentation in a sealed envelope. *Please note that no members of the AYHA Board or staff will view this sheet, any tax documents, or other supporting documentation within the sealed envelope. The envelope is forwarded to the AYHA's certified public accountant, who is the only individual authorized to view and confirm financial need.*

All tax and financial documents remain confidential with the accountant, who will destroy the documents once the playership evaluation is complete and a recommendation sent to the AYHA committee (no financial details are provided to the committee).

1.	Player Name					
		First Name		Last Name		
2.	Parent/Guardian Name					
		First Name		Last Name		
3.	Number of Family Members in Household					
4.	Number of Family Members Playing in AYHA					
5.	Last Year's Reported Adjusted Gross Income					
6.	Last Year's Number of Dependents Claimed					
7.	Does Your Household Curr	rent Receive Government Assistance (enc	lo	se a copy of any assistance received)?		