



Application for Financial Assistance (Page 1/2)

The AYHA Playership, supported by the Columbus Bluejackets Foundation, provides funds to AYHA players who might otherwise be unable to play ice hockey due to family financial circumstances. Applications are evaluated by a subcommittee appointed by the AYHA Board; financial details are evaluated confidentially by a certified public accountant. Playership awards depend on available funds. **BOTH PAGES** must be completed, signed, and submitted **with copies of financial documents** to Athens Youth Hockey Association, ATTN: Playership Application, PO Box 614, Athens, OH 45701-0614. **Application review begins September 15.**

ALL INFORMATION IS CONFIDENTIAL. USE BACK OF APPLICATION OR ADDITIONAL SHEETS IF NEEDED.

Player Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Mailing Address: _____ Phone: _____

_____ e-mail: _____

Name(s) and birth year(s) of other AYHA players in household: _____

Player: State, in your own words, why you want to play ice hockey. _____

Parent/Guardian: State, in your own words, what you hope for your player to gain from playing ice hockey.

Parent/Guardian: Describe any unusual financial circumstances which you would like the Playership Committee to consider in its decision, but might not be reflected by the accountant summary.

Parent/Guardian Signature _____ Date: _____



Application for Financial Assistance (Page 2/2)

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Attach a copy of last year's tax return and any other documents that explain your financial situation. A certified public accountant will review financial information, forward a summary (without specific financial details) to the Playership Committee, then shred Page 2 information and financial documents.

Player Name: _____

Parent/Guardian Name: _____

Number of family members in household: _____

Number of household members playing for AYHA: _____

Last Year's reported Adjusted Gross Income: _____

Last Year's Number of Dependents Claimed: _____

Attach a copy of last year's tax return to this page. (Required.)

Does your household currently receive government assistance? _____

Attach a copy of evidence for government assistance received, if any, to this page.

Also attach any additional documentation which describes your financial situation.