



APPLICATION FOR FEE ASSISTANCE

(Please Print)

I. APPLICANT INFORMATION

Applicant's Name: _____ USAH-IMR #: _____

Applicants Parent (1) or Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone: (____) _____ E-mail address: _____

Applicants Parent (2): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone: (____) _____ E-mail address: _____

Is the Applicant a Ward of the Court? **Yes** **No**

Is the Applicant a Foster Child? **Yes** **No**

The Applicant is participating with which UAHA Sub Affiliate/Member Organization(s)?

II. APPLICANT'S HOUSEHOLD MAKEUP

_____ Father _____ Mother _____ Brothers _____ Sisters

_____ Number of Youth Hockey Players in Household

III. APPLICANT'S TOTAL INCOME

Applicant's Gross Monthly Income from all sources: \$ _____

(Proof of Income may be requested by the Selection Committee. Failure to submit within 10 business days of being requested by the review committee is grounds for the denial of the application)

V. HARDSHIP

The Applicant has suffered an extreme hardship or requires assistance due to special circumstances. Please describe the hardship below or attach separate page, under signature, the nature of such hardship or circumstances.

VI. CERTIFICATION

I certify that the above information and any additional information provided with this application or subsequent to this application is true and correct and that all income has been reported. I understand that this information is being given for the purpose of determining the possible allocated of fee assistance to the applicant named above for the specific purpose of assisting him/her with ice hockey fees to be incurred during the _____ - _____ season for participation on a bone fide Utah Amateur Hockey Association Sub-Affiliate/ Member Organization. I also understand that should I present false or misleading information to secure the allocation the application will be denied and I agree to return all funds.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

VII. UTAH AMATEUR HOCKEY ASSOCIATION SUB- AFFILIATE/MEMBER ORGANIZATION CERTIFICATION/REQUEST/FEE ACKNOWLEDGEMENT

I hereby certify that _____ participates with the _____ program, a Utah Amateur Hockey Association Sub-Affiliate/ Member Organization which is in good standing with UAHA. The fee for participation on this team for each player is \$_____. I hereby request that UAHA review his/her application to determine eligibility and recommend an award of \$_____ (\$250 is the maximum award possible). I also certify that the _____ will match the fee assistance if awarded by UAHA in the amount of \$_____.

Sub-Affiliate/Member Organization Signature

Date

(Please Print Name)

If the reason for Fee Assistance is other than financial (ie. Extreme hardship); a letter must be submitted by the sponsoring organization certifying to the hardship.

**Return the Application for Fee Assistance to:
Derrick Radke, UAHA Board Member
dradke@allwest.net**

****DO NOT WRITE BELOW THIS LINE****
For use by UAHA Fee Assistance Committee

=====

The Application is: **Approved** **Denied:**

Amount of Award: \$ _____

If denied, please indicate the reason(s):

Signature of Chairman of the UAHA Fee Assistance Committee

Date



UAHA Fee Assistance Application Determining Eligibility

1. **Allocations**: Funds shall be allocated to the Utah Hockey (UAHA) participant from the most financially disadvantaged family first, the next most financially disadvantaged family second, and so on until all available funds have been allocated. UAHA may also use certain other hardship cases, other than financial as it sees fit. If there are not sufficient applications to utilize the funds available the remaining funds shall be returned to the Utah Hockey General Fund.
2. **Maximum Award**: No individual award is to exceed a maximum of \$250 for the season. Individual allocations may be for less than the maximum allowable amount based on evidence of need and other criteria determined applicable.
3. **Application Deadline**: The final date certain for application submittal shall be **OCTOBER 31st** of each season for which the applications are to be reviewed. Allocations shall be made on or before the UAHA Board meeting in **NOVEMBER**
4. **Reports and Confidentiality**: To maintain confidentiality, a written report of allocations shall be made only to the President of the UAHA Board of Directors on or before the October UAHA Board meeting.
5. **Hardships**: In addition to income, extreme hardship may be considered. Players losing a parent(s), having a family suffer catastrophic uninsured injury, etc., all may be considered. The President of the organization for whom the applicant participates must submit a letter with the attached application, explaining the extent of the hardship and effect it has had on the applicant's ability to financially provide for his/her participation with the UAHA Sub- Affiliate/ Member Organization.
6. **Use of Funds**: Funds are to be used only for mitigation of participation fees. The UAHA Sub- Affiliate/ Member Organization President must certify in writing the amount of the Team Fee and that the applicant is in good standing with his/her team. Should the applicable team participation fee be less than the maximum, that amount shall be considered the maximum for that applicant.
7. **Limits on Use of Funds**: Funds are only to be used to pay for team fees. These funds may not be used for summer hockey programs, camps, uniforms, equipment, tryout fees, excess charges, travel, or any other extraneous cost not part of the normal team fees.

8. **Crediting Funds to the Players Organization**: The funds shall be sent to the player's organization immediately upon the award allocation. Should the player fail to complete the season for any reason other than injury, the fee assistance shall be re-paid to UAHA by the player's parent/guardian.
9. **Eligible Applicants**: All youth members (18 years old and under), of UAHA are eligible to **apply** for this financial assistance. Allocations are subjective and are determined strictly on the basis of need. All decisions are final. Filing of an application or membership UAHA does not guarantee an award.
10. **Accuracy of Information**: All information must be accurate and truthful. If misleading or false information is provided, the application is to be immediately removed from consideration. Should it be determined at any time after the award of funds that the recipient provided false or misleading information, the recipient shall return all funds awarded.
11. **Interviews**: An interview with the applicant or the applicant's parent(s)/guardian(s) **may** be requested prior to any decision. In order to be eligible for a distribution, the applicant and/or the applicant's parent or guardian must attend the requested interview.
12. **Confidentiality**: All information provided shall remain confidential. Any supplemental information submitted at the request of the Fee Assistance Committee shall be returned to the applicant prior to the 30th of June of the year following the allocation.
13. **Additional Requirements**: An applicant may be required to participate in the fund raising activities of their organization should his/her team make such opportunities available.