



Portland Junior Hawks Youth Hockey Association Financial Assistance Program

GENERAL INFORMATION

The Portland Junior Hawks Youth Hockey Association has established a financial assistance program to provide assistance to player families that have run into financial hardship. The intent is to keep kids playing the game of hockey rather than be forced out by the hardship. Levels of assistance will vary from year to year based on funds available and any contributions. All financial awards will be applied as a credit to the player's registration fees and not in cash. Partial or full awards may be granted; however, in no case will the financial award amount exceed the current year's registration fee. Applicants must be current PJH members in good standing and under the age of 18.

The Board will determine through the annual budget process the dollar amount to be allocated for the financial assistance fund. The Board will establish the Financial Assistance Committee (FAC) which will be authorized to award assistance based on availability of those funds. Factors for approval will include but are not limited to:

1. Demonstrated financial need.
2. Availability of funds.
3. Completed financial aid form (incomplete forms will not be considered).
4. Participant commitment to practices and games.
5. Volunteer commitment and mandatory participation in any fundraising activities.
6. Player willingness to conduct one's self in an exemplary manner consistent with the ideals, rules, and standards of the Portland Junior Hawks Youth Hockey Association and USA Hockey.

PROCEDURES

Send completed forms to the Treasurer by AUGUST 1st of the upcoming hockey season. Exceptions may be reviewed on a case-by-case basis however; because a limited amount of funding is available, we strongly suggest you submit your application prior to the deadline.

The Treasurer will review the form and may verify financial information submitted. Applications will be numbered in the order they are received and the applicant's name will be removed. The Treasurer will then submit the application paperwork to the FAC for review and approval. The FAC will consist of the Treasurer, two current board members and three non-parent volunteers. The Treasurer will be a non-voting member and act in an advisory capacity. The FAC will meet in a **closed and confidential** session to make their selections based on application information and guidelines established by the Board. Applicants will be notified in writing by the Treasurer with the results within 24 hours of final decision.

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL

APPLICATION CHECKLIST:

- **Completed Application Form**
- **Copy of parent/guardian most recent pay stub(s)**
- **Copy of the child's most recent report card**
- **One letter of recommendation from either a coach or teacher stating why the applicant should be selected for an award.**



**Portland Junior Hawks Youth Hockey Association
Financial Assistance Program Application**

PART I - PERSONAL INFORMATION

Player Name: _____ Age _____ Birth Date _____

What program level is your child registering for: _____

Mother/Guardian Information:

Father/Guardian Information:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Net Monthly Income _____
(including any child or spousal support)

Net Monthly Income _____
(including any child or spousal support)

The above parents/guardians are (check all that apply):

_____ Married to each other _____ Living together _____ Divorced or legally separated

If divorced or legally separated, which parent has primary custody? _____

Will non-custodial parent be sharing any cost of the player's expenses? _____

Number of family members in the household: _____ List ages of dependents: _____

Has your family experienced an unexpected financial hardship? _____ Yes _____ No If yes, please briefly explain: (submit extra sheet if necessary)

Have you received financial assistance from PJH before? _____ Yes _____ No

Are you currently enrolled in the Food for Funds program? _____ Yes _____ No

Total amount you can pay toward the registration fee: _____

PART II – SCHOOL INFORMATION

Name of school: _____

Address: _____ City _____ State _____ Zip _____

Current GPA _____

Sports Played: _____

School Club Participation: _____

Special Awards or Recognition: _____

Volunteer Activities: (Hours a month) _____

Hobbies & Interests: _____

Future education plans: _____

PART III – PERSONAL STATEMENT

In a maximum of two paragraphs each, please respond to the following questions: (attach separate sheet)

- 1) What would receiving this assistance mean to you?
- 2) How has hockey impacted your life?
- 3) What is the greatest lesson you have learned from your participation in hockey?

Please provide any additional information you would like considered on a separate sheet (change in employment status, special needs dependents, divorce, unexpected circumstances, etc.)

I / We hereby certify that the above information is true and correct. I understand that the Portland Junior Hawk Youth Hockey Association may verify this information. Deliberate misrepresentation will result in disqualification of financial aid.

Authorized Signature _____ Date: _____
Mother/guardian

Authorized Signature _____ Date: _____
Father/guardian

Send completed application packages to:

**Portland Junior Hawks
Financial Assistance Committee
4840 SW Western Ave. Suite #6000
Beaverton, OR. 97005**