



### Request for Financial Assistance or Payment Plan

Date of Request: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Child or Children's Name(s): \_\_\_\_\_

\_\_\_\_\_

**Fill out the area below if you would like to be considered for financial assistance.**

Please list the programs your child or children is/are currently enrolled in, or would like to be enrolled in, which would require financial assistance: (Check all programs that apply).

\_\_\_\_\_ Cross Ice Mites \_\_\_\_\_ Squirt House \_\_\_\_\_ Squirt Select \_\_\_\_\_ Pee Wee House

\_\_\_\_\_ Pee Wee Select \_\_\_\_\_ Middle School/JV \_\_\_\_\_ High School \_\_\_\_\_ Midget U18

KAHA would like to assist as many players as possible, but funds are limited. If you feel you need full or partial financial assistance or an alternate payment plan, please describe the circumstances that warrant this request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you require an alternate payment schedule, (different than the schedule published), please indicate your desired schedule for payments below.**

Requested Payment Date	Amount to be paid

If you are approved for financial assistance, in what capacity will you volunteer your time? There are several opportunities in which you can assist KAHA: Serve as a clock operator or scorekeeper during your child or other league games, work concessions during Ice Bear's Games, volunteer at fundraising events, or provide assistance to the Board and its Committee Members in times of need. Please circle all areas you are able and willing to assist with.

*The information you provide will be reviewed by the KAHA Executive Board and Committee for Financial Assistance. Please be assured your privacy is of utmost importance to KAHA.*

**FOR COMMITTEE USE ONLY**

Committee Review Date: \_\_\_\_\_

Committee Recommendation (circle one):    Accept        Revise        Reject

If revised or rejected, please describe revision or rationale for rejection:

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KAHA Executive Board Review Date: \_\_\_\_\_

Action required by KAHA Treasurer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of KAHA Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of KAHA President

\_\_\_\_\_  
Date