

# SCAHA Financial Assistance Application for the 2018-19 Season

Date: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address, City and Zip: \_\_\_\_\_

Phone # **and** Email Address: \_\_\_\_\_

2017-18 Club/Team/Level: \_\_\_\_\_

2018-19 Club/Team/Level: \_\_\_\_\_

Current Division  
(Circle One):                      8U            10U            12U            14U            16U            18U

Have you received SCAHA financial assistance in prior years (Circle One):    Yes    No

How many years total have you received SCAHA financial assistance? \_\_\_\_\_

Mother's Name\*: \_\_\_\_\_                      Father's Name\*: \_\_\_\_\_

Mother's Occupation\*: \_\_\_\_\_                      Father's Occupation\*: \_\_\_\_\_

Player lives with (Circle One):    Both Parents\*    Mother\*    Father\*    Other

Total children in family: \_\_\_\_\_    Other Dependents: \_\_\_\_\_    Current Monthly Gross  
Income\*\*: \_\_\_\_\_

2018 Estimated Total  
Annual Gross Income\*\*: \_\_\_\_\_

\*-Applications **MUST** come from a documented legal and financially responsible parent or guardian.

State briefly why you need financial assistance (attach additional information if necessary):

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

Parent's Signatures:

Mother\*: \_\_\_\_\_                      Father\*: \_\_\_\_\_

## All information submitted will be kept confidential

Send this application form, one for each player, along with (A) a copy of the first two pages of your 2017 Federal Tax Return (social security numbers omitted please), and (B) a copy of your current income status (i.e, copies of last two (2) months paystubs, or proof of self-employment income, unemployment, disability, social security or workers compensation benefit statements) to:

Rosemary Voulelikas, SCAHA  
533 Concord Street  
El Segundo, CA 90245

The application and all supporting documentation MUST come from the legal and financially responsible parent, relative or legal guardian. Multi-player families need only submit one copy of supporting documentation. \*\*Any application that shows a single or combined projected income level at or below \$50,000/yr. **MUST** also provide a detailed written explanation as to how the player's financial obligations to their respective club/team will be met, knowing that any SCAHA financial assistance award will cover only a small fraction of the total season fee/club dues.

**PLEASE – NO STAPLED DOCUMENTS OR SIGNATURE REQUIRED DELIVERY METHODS!!!!!!**  
Please note that to be considered for financial assistance for the 2018-19 season, this application **and** required documentation must be received by SCAHA no later than 5:00 PM **September 29, 2018.** **NO FOLLOWUP WILL BE MADE BY SCAHA TO SECURE MISSING OR INCOMPLETE APPLICATIONS OR INFORMATION.** Such will be deemed an insufficient/incomplete application.