

# SCAHA Financial Assistance Application for the 2015-16 Season

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

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

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

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

2014-15 Club and Team: \_\_\_\_\_

2015-16 Current Club/Team: \_\_\_\_\_

Current Division  
(Circle One):

Mite     Squirt     PeeWee     Bantam     Midget 16U     Midget 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\*\*: \_\_\_\_\_

2014 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):

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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 2014 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:

Kevin Culbertson, SCAHA  
10 Mondano  
Laguna Niguel, CA 92677

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 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 2015-16 season, this application **and** required documentation must be received by SCAHA no later than 5:00 PM September 30, 2015. **NO FOLLOWUP WILL BE MADE BY SCAHA TO SECURE MISSING OR INCOMPLETE APPLICATIONS OR INFORMATION.** Such will be deemed an insufficient/incomplete application.