

# YOUTH ON ICE

300 AVENUE OF THE CHAMPIONS  
SUITE 260  
PALM BEACH GARDENS, FL 33418  
(561) 630-7656 TIM BYRD, PRES.  
(561) 622-1194 FAX

## APPLICATION FOR FINANCIAL ASSISTANCE

PLAYER NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

PLAYER EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PARENT LIVING WITH PLAYER: \_\_\_\_\_

RELATION TO PLAYER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## FINANCIAL INFORMATION

You are not required to answer any financial questions however to receive assistance Youth On Ice must be able to certify all applicants' financial needs.

MONTHLY HOUSEHOLD INCOME: \$ \_\_\_\_\_ (PREVIOUS MONTH)

ADDITIONAL INCOME: \$ \_\_\_\_\_ (RENTALS, INTEREST, ETC.)

DEPENDENTS (AS CLAIMED ON TAX RETURN): \_\_\_\_\_

MONTHLY RENT OR MORTGAGE PAYMENT: \$ \_\_\_\_\_

I do hereby acknowledge that all the above information is accurate and true to the best of my knowledge.

\_\_\_\_\_

APPLICANT (PRINT NAME AND DATE)

\_\_\_\_\_

APPLICANT SIGNATURE