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IF MAILED, THIS APPLICATION MUST BE POST-MARKED NO LATER THAN AUGUST 15th

The purpose of this application form is to gain information to review your request for financial assistance from Rock for Hockey. Your application will be reviewed by our board members. The board will make awards based on your family's financial information. The board does not discriminate on the basis of race, religion, age, or gender.

Applicants **must** meet the following criteria in order to be considered for an award:

- Player must be a US citizen
- Player must be a resident of either PA, DE, NJ, MD, VA, or Washington DC at the time of application
- Player must be between the ages of 11 and 16 at the time of application
- Player must have played the last two (2) consecutive seasons
- Player must be playing the upcoming season in PA, DE, NJ, MD, VA, or Washington DC
- Player must compose and submit an essay as outlined later in this application

Applicants may choose to submit the following **optional** information:

- Additional Information (Section VI)
- A third-party reference (Section VII)

While these sections are optional, their inclusion may better help the Rock for Hockey Board evaluate your application by providing more contextual information.

Families may be asked to submit the last two (2) years of income tax returns during the review process. Submission of the tax returns is not required to be considered for assistance.

The following applies to awards:

- A single award will be given to a player from an organization or club. That is, no more than a single player within an organization or club may receive an award for a given season.
- A maximum of four (4) awards will be given each season.
- **Award nominees will have five (5) days after award notification to submit a testimonial to Rock for Hockey. If the testimonial is not received by midnight on the fifth day, the nominee will forfeit their award and another nominee will be chosen from the pool of applicants. No exceptions.**

Your application and related information will remain confidential and secure.



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III. MEMBERS OF THE PLAYERS HOUSEHOLD INCLUDING THE PLAYER LISTED IN PART II (ABOVE):

	<u>Name</u>	<u>Relationship to Player</u>	<u>Age</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____



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IV. FAMILY FINANCIAL INFORMATION:

Please list below your family's **expected** sources of taxable and non-taxable income for the **current** year.

- a. Salaries, wages tips, unemployment or worker's compensation, disability insurance, etc.: _____
- b. Interest, dividends, capital gains, and other income investments: _____
- c. Net income from self-employment, partnerships, S-corporations, etc.: _____
- d. Pensions, IRA distributions, annuities, trusts, etc.: _____
- e. Net rental income: _____
- f. Social security, public assistance or other government programs: _____
- g. Alimony or child support: _____
- h. Other income (list type and amount)
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
- i. Total estimated family income for the current year: _____

Families may be asked to submit the last two (2) years of income tax returns during the review process. Submission of the tax returns is not required to be considered for assistance.



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V. PLAYER HOCKEY ESSAY (REQUIRED):

- Have your player compose an essay in 250 – 300 words on why they chose to play hockey, why they continue to play hockey, how they benefited from playing hockey, and how it has impacted their life.
- Submit your essay with the completed application (may be a separate attachment).
- Direct any questions to info@rockforhockey.org.



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VI. ADDITIONAL INFORMATION (OPTIONAL):

Please provide any additional information regarding your family's financial situation such as extraordinary medical expenses, educational costs, etc. that will assist the board in reviewing your family's financial situation.



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VII. THIRD-PARTY REFERENCE (OPTIONAL):

Please have a third party provide additional information. A third party may include a coach, club president, etc.



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VIII. NOTIFICATION:

The Rock for Hockey board will review your application and will notify you after August 31st.

IX. CERTIFICATION:

I hereby certify that the information reported on this application and any related information that is submitted is, to the best of my knowledge and belief, complete and accurate. I also certify that our family will participate in Rock for Hockey fundraising activities as reasonable and requested by the Rock for Hockey board.

(Date)

Signature of Parent or Guardian

Please return this application and related information to:

Rock for Hockey Assistance
PO Box 56
Uwchland, PA 19480

OR

Email as an attachment to info@rockforhockey.org

If you have any questions, please contact Brent Jones at 610-368-7344 or brent.jones@rockforhockey.org