

JOHN CARTER "HIGH FIVE" YOUTH HOCKEY FUND

CHRISTOPHER J. PASKELL MEMORIAL FUND

APPLICATION FORM FOR YOUTH PARTICIPANT

Greater Worcester Community Foundation

370 Main Street • Suite 650 • Worcester, MA 01608 -1738 • tel (508) 755-0980

DEADLINE: SEPTEMBER 15, 2010

Please Print

Youth Participant's Name _____ Date of birth _____
Street _____ Date _____
City/State/Zip _____ Tel _____
Number of years involved with youth hockey _____
Parent/Guardian _____

Youth Hockey Association (YHA) _____

YHA Chief Officer _____ Tel (day) _____

INFORMATION IS CONFIDENTIAL

To be completed by parent/guardian

FINANCIAL INFORMATION

Mother or Guardian's Occupation _____ Total annual income \$ _____

Father or Guardian's Occupation _____ Total annual income \$ _____

Other income (alimony, child support, unemployment, other assistance) \$ _____

Total number of children living at home _____ Total number of children participating in youth hockey _____

HOCKEY EXPENSES FOR 2010-2011

Assessments \$ _____

Equipment \$ _____

Other (please describe)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total expenses \$ _____

Amount Requested \$ _____

ADDITIONAL INFORMATION REQUIRED

In a separate document **no more than two pages**, please tell us about your child's involvement with hockey. Describe the circumstances affecting financial need and address what other fund raising activities you've explored to assist in making hockey affordable for your family.

Typed pages are preferred, but legible, printed handwritten sheets will be accepted. Do not staple documents.

Parent/Guardian _____
signature

Date _____

Send your application by mail, fax or email to:

Kelly A. Stimson • Greater Worcester Community Foundation • 370 Main Street • Suite 650 • Worcester, MA 01608-1738
tel (508) 755-0980 ext. 112 • fax (508) 755-3406 • Kstimson@greaterworcester.org