ALASKA FIREBIRDS HOCKEY ASSOCIATION

FINANCIAL ASSISTANCE REQUEST

**** Private & Confidential ****

Player Information	
Player Name:	
Team:	USA Hockey Reg #:
Head Coach:	
Parent (Guardian) Information	
Parent (Guardian) One	Parent (Guardian) Two
Name:	Name:
Address:	Address:
Day Phone:	Day Phone:
Evening Phone:	Evening Phone:
Email Address:	Email Address:
# of Dependents	
Employment Information	
Employer:	Employer:
Address:	Address:
Monthly Take Home Pay:	Monthly Take Home Pay:
Will you commit to participating in all fundraising events? YES / NO	
Will you commit to volunteering in other capacities? YES / NO	
Please provide any additional information that will help us evaluate your request:	
Signed:	**Date:**

INSTRUCTIONS:

a) Please complete all sections of this form. All requests will remain strictly confidential.

b) Attach a copy of the first two pages your most recent federal tax return (Form 1040, 1040-A, etc).

c) Submit the completed form and attachments to:
c/o Alaska Firebirds, 841 I Street, Anchorage, AK 99501

d) Please mark the envelope – "Private and Confidential"

e) **Requests are due by Sept 30th**. Awards will be made in late October and recipients notified in writing.